DOCUMENT RESUME

ED 468 004	PS 030 580

AUTHOR	Wade, Patricia C.
TITLE	Children's Program Outcome Review Team: 2001 Evaluation Results.
INSTITUTION	Tennessee State Commission on Children and Youth, Nashville.
PUB DATE	2002-04-00
NOTE	144p.; For 2000 Evaluation Results, see ED 454 955.
AVAILABLE FROM	Tennessee Commission on Children and Youth, Andrew Johnson Tower, Ninth Floor, 710 James Robertson Parkway, Nashville, TN 37243-0800. Tel: 800-264-0904 (Toll Free); Tel: 615-741-2633; Fax: 615-741-5956.
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Evaluative (142)
EDRS PRICE	EDRS Price MF01/PC06 Plus Postage.
DESCRIPTORS	*Child Welfare; *Children; *Delivery Systems; *Foster Care; Foster Children; Foster Family; Program Descriptions; Program Effectiveness; Program Evaluation; Social Workers; Tables (Data); Well Being
IDENTIFIERS	Family Support; Permanency Planning (Foster Care); *Service Delivery Assessment; *Tennessee

ABSTRACT

In its eighth year of evaluating children's services in the state, the Children's Program Outcome Review Team (CPORT), under the direction of the Tennessee Commission on Children and Youth, continued to collect and analyze data to improve service delivery to children and families involved in state custody. Using the Quality Service Review methodology, the Commission conducted 349 intensive case reviews on a random sample of children in state custody in each of the 12 regions sufficient for 95 percent validity statewide. This report provides an overview of the CPORT process and presents demographic information and determinations of the status of child/family on various indicators as well as the adequacy of service system functions on the cases reviewed in 2001. The 2001 findings indicated that the overall status of children remained the same as the previous year, with emotional well-being continuing as the primary factor in defaulting the overall status of the child to negative. The overall service system function declined to 38 percent in 2001 from 42 percent in 2000. Inadequate assessments and permanency plans contributed to inadequate progress achieved by the family, especially the families of children in foster or group placements. Adequate service coordination and continuity was present 69 percent of the time. The report includes recommendations, based on the information collected in the CPORT process, for improving service, for training staff, and for additional resources. The report's seven appendices include preliminary regional observations, data tables, and definitions. (KB)

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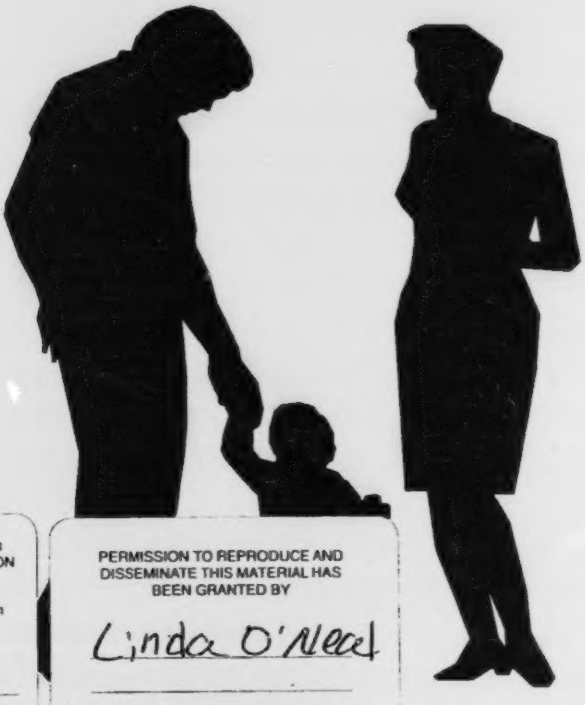

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Children's Program Outcome Review Team 2001 Evaluation Results

By Patricia C. Wade, Director, Children's Program Outcome Review Team

Executive Editor: Linda O'Neal, Tennessee Commission on Children and Youth

The author extends special thanks to Cyndy Banks, Drew Daruka, Thelma Dees, Fay L. Delk, Pam Gilchrist, Janice Johnson, Faye Mangrum, Rosamond McLeod, Windle Morgan, and Jeremy Sweets for data analysis, content review, and editorial assistance.

The following CPORT staff participated in conducting and analyzing reviews: Cyndy Banks, Marilyn Palmer-Bell, Steve Chester, Thelma Dees, Jennifer Hargis, Peggy Haynes, Pam Kirkpatrick, Frances Lewis, Philip McKenzie, Rosamond McLeod, Windle Morgan, and Rebecca Rowland. The following TCCY staff served as external reviewers and/or otherwise assisted: MaryAnn Beaty, Kathy Daniels, Marilyn Davis, Gwendolyn Glenn, Rodger Jowers, Richard Kennedy, Faye Mangrum, Linda O'Neal, Gerald Papica, Scott Ridgway, Robert Smith, Elaine Williams, and Diane Wise. The following served as external reviewers: Phil Acord, The Children's Home-Chambliss Shelter; Debbie Anderson, consultant; Karen Blackburn, consultant; Rachael Brite,consultant; Beverly Geho, Family System Services; Gerald Geho, Family System Services; Barbara Harmon, consultant; Betty Jones, Columbia Parthenon Pavilion; John Lauterbach, Hermitage Hall; Jeane Morgan, Montgomery County Juvenile Court (retired), consultant; Elizabeth Pelton, The Children's Home-Chambliss Shelter; David Reichert, Mental Health Network; Carla Riddle, Therapeutic Interventions; Tommy Shahan, Hermitage Hall; Deborah Smith, Tennessee Department of Correction; Carolyn Todd, Tennessee Department of Children's Services, Henry County; Charlie Traylor, Davidson County Schools; Maggie Wharton, Plateau Mental Health; and Sharon Woolf, Rutherford County Schools. The Tennessee Commission on Children and Youth expresses appreciation to staff, external reviewers, those who participated in interviews, and to all others who contributed to the successful 2001 CPORT evaluation.

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Tennessee Commission on Children and Youth authorization number 316008. April 2002. 1,200 copies. This public document was promulgated at a cost of $3.03 per copy.

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June 25, 2002

Dear Reader:

As we scurry to get the 2001 Children's Program Outcome Review Team (CPORT) results to the printer before the end of the fiscal year, it is an interesting time in the history of CPORT, now in the midst of the ninth year of statewide evaluation.

The CPORT process utilizes a methodology that is called "quality service review" (QSR) or "service testing." The "Introduction" in this report discusses quality service review/service testing. Though the CPORT process historically has been undervalued by some in the Department of Children's Services, the service testing methodology is increasingly recognized as the best way to evaluate service delivery systems for children, adults, and/or families – child welfare, developmental disabilities, education/special education, health, juvenile justice, or mental health.

For several years, some of the major foundations involved in funding service innovations have relied on service testing to evaluate initiatives. In January 2000, Pat Wade, CPORT director, and I attended a meeting funded by the Edna McConnell Clark Foundation that brought together people from across the country who evaluate services using quality service reviews/service testing. Other foundations, including The Annie E. Casey Foundation, the nation's largest foundation devoted to improving conditions for disadvantaged children and families, also had representatives at the meeting because of interest in and/or support for this methodology.

When the Department of Health and Human Services, Administration for Children, Youth and Families (DHHS/ACYF) decided to improve the way it monitors states for implementation of child welfare services, DHHS/ACYF turned to service testing because it is the best way to really identify and understand how systems are working – their strengths and weaknesses, and what needs to be done to improve them. DHHS/ACYF recently completed the first Child and Family Service Review (CSFR) in Tennessee. After the exit conference, the federal reviewers asked me if their findings were consistent with CPORT findings, because CPORT uses a much larger, statistically valid sample of children. The high level of consistency was striking, gratifying, and reassuring both to federal reviewers and me.

In some DCS regions CPORT results have always been taken seriously and used as they were intended – to guide improvement in performing various system responsibilities. In 2001, for the first time the Department of Children's Services required "Corrective Action Plans" from each region addressing CPORT findings. Corrective Action Plans apparently have produced beneficial results.

An early impact of Corrective Action Plans was to change the way findings are presented. CPORT began to identify failure to adequately address current needs of children or families with greater specificity, for example educational or mental health needs of children, or parenting or substance abuse treatment needs of parents.

In 2001, overall "Status of the Child/Family" remained at the same level as 2000, 84 percent adequate, but "Adequacy Service System Functions" declined again in 2001, as in 2000. Beginning in 1994 under the Children's Plan, CPORT tracked four consecutive years of system improvement, peaking in 1997. Consistent improvements in service functioning simply do not happen without evaluation to identify problems and guide a course of correction.

Following service consolidation and creation of the Department of Children's Services in 1996 and major program model revisions that began implementation in late 1997, service system functions regressed dramatically in 1998. There was renewed improvement in most system functions and overall in 1999, followed by progressive deterioration in 2000 and 2001. Deficiencies in assessment of strengths and needs of both the child and family, and development of permanency plans based on information that was or should have been identified during assessment were the two areas of greatest concern and most frequently caused the system to default to inadequate.

As the statewide 2001 CPORT evaluation information is disseminated, we are pleased to report thus far in 2002 some improvements are being identified in CPORT reviews. We believe the requirement for Corrective Action Plans made important contributions to better performance. Additionally, implementation of Assessment Units and Permanency Support Units (30 percent of children had been in custody too long in 2001) are also beginning to produce better outcomes. The Health Units, coupled with focus from CPORT and training, had a positive impact in previous years as compliance with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements soared.

CPORT contributes significantly to system improvement by identifying strengths to build upon and problems that must be addressed. It documents the impact of system changes (including those external to DCS like Families First, TennCare, litigation, etc.) on outcomes for children and families. Independent, external monitoring of the child welfare system improves accountability and contributes to better outcomes for children and families. In addition to identifying needed resources and providing a statewide perspective, CPORT also documents individual regional differences and needs.

We have been very pleased by more positive DCS responses to CPORT recently, and especially appreciate Commissioner Page Walley's openness. He had attended CPORT Exit Conferences in the Southwest Region before his appointment as commissioner. We see Commissioner Walley's interest and support as an important opportunity to move forward. We believe the increased participation of DCS staff, especially from the eastern grand region, as CPORT external reviewers is very beneficial for both DCS and CPORT. This participation provides valuable cross training, an improved perspective on outcomes for children and families, and enhanced understanding of the CPORT process and its benefits and insights.

Next year Tennessee will have a new governor and a substantial number of new members of the General Assembly. Those changes will present a new challenge as we continue a meaningful and viable CPORT quality service review/service testing process. We look forward to strengthening our partnership with Commissioner Walley and DCS as we identify ways to improve CPORT, make it even more useful and understandable, and increase participation of DCS staff as external reviewers. "Challenge" is just another name for "opportunity." We will seize this opportunity to advance the CPORT mission of providing qualitative and quantitative information for improvement of the systems of services for children in state custody and their families.

Sincerely,

Linda O'Neal

Linda O'Neal
Executive Director

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Tennessee Commission on Children and Youth

Children's Program Outcome Review Team 2001 Evaluation Results

Executive Summary

In 1993, the Tennessee Commission on Children and Youth (TCCY) began development of an innovative evaluation process that "tests" service system performance and outcomes by examining relevant aspects of the lives of children and families being served. Implemented in 1994, the ultimate goal of the Children's Program Outcome Review Team (CPORT) is to promote positive change by providing qualitative and quantitative information about the status of the child/family and service system functioning for the cases reviewed.

CPORT reviews are conducted in each of the state's 12 regions on a random sample of children in state custody sufficient to provide validity at the 95 percent level statewide, and the 85 percent level regionally.

The CPORT process includes a review of records and collection of the following items from the records (when available):

- Petition that led to custody;
- Court order for custody;
- Social History;
- Psychological Evaluation;
- Other specialized evaluations;
- Permanency Plan;
- Individual Education or Program Plan.

A protocol consisting of a set of questions is used to collect information through structured interviews with the following:

- Child, if age appropriate;
- Parent(s);
- Caregiver (foster parent or direct care staff in a facility);
- Case manager
- Teacher or other school representative;
- Representative of the court ordering custody;
- Any other relevant service provider (Guardian ad Litem, therapist, etc.);
- Other significant/relevant person (relative, friend, coach, etc.).

The majority of information is collected through the interview process.

Separate measures are used to identify child behaviors. The parent/caregiver and the teacher/school representative are also asked to complete an Achenbach Child Behavior

Checklist (CBCL) and a Teacher Report Form (TRF). The children ages 11-18 are asked to complete the Youth Self-Report (YSR). The CPORT reviewer completes a Child and Adolescent Functional Assessment Scale (CAFAS).

Following collection of all information, the reviewer writes a brief narrative summary of the case and completes a "Summative: Assessment of Key Domains." The "Summative" has the reviewer answer questions that lead to conclusions regarding the status of the child and the adequacy of the service system functioning on a number of indicators. Additionally, the reviewer completes a "Case Profile" that is used for basic data entry regarding the case. The indicators marked with an asterisk were deemed essential by the Interdepartmental Design Team that developed the original CPORT protocol. Consequently, all asterisked items have to be positive for an overall positive or adequate rating.

Status of Child/Family

1. Safety*
2. Emotional Well-being*
3. Physical Well-being*
4. Caregiver Functioning*
5. Stable Home
6. Permanence
7. Appropriateness of Placement
8. Educational Progress
9. Family Unification
10. Independent Living (ages 13+)
11. Child Satisfaction
12. Family Satisfaction
13. Overall Status

Service System Functioning

1. Assessment*
2. Long-term View*
3. Child Participation*
4. Family Participation*
5. Service Plan Design*
6. Service Plan Implementation*
7. Service Coordination*
8. Monitoring/Change*
9. Advocacy
10. Early Child and Family Intervention
11. Home and Community Resources
12. Placement Resources
13. Supportive Interventions to Achieve Goal
14. Urgency Response
15. Progress Achieved-Child
16. Progress Achieved-Family
17. Overall Adequacy

Obviously, it would be desirable if all children were in a positive status on all indicators and all system functions were performed adequately, but this would be an unrealistic expectation. There are no established standards of realistic expectations. The overall goal is to improve or maintain an acceptable level or standard that provides the most desirable and appropriate services to children in care and their families.

TCCY CPORT Recommendations

Based on all the information collected in the CPORT process, the following are priority recommendations for enhancements in children's services that should improve both system functioning and outcomes for children and families:

- **Ensure children have adequate assessments.**
    - Improve the development of social histories and keep them current.
    - Identify needs for psychological evaluations.
    - Train case managers to recognize the need for additional or specialized assessments for children and parents.
    - Train case managers and caregivers to report behavioral and other issues during Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to help identify the need for psychological evaluations.
    - Determine an appropriate long-term view or direction for the future of the child and family based on the assessment results.

- **Develop Permanency Plans that adequately reflect the strengths, weaknesses, and needs of the child and family as identified in the assessment.**
    - Service planning should not be limited to only those issues that brought the child into custody but should address all needs of the child and family to be a coherent and consistent document that guides case manager, service providers, family, and the child in identifying and obtaining the desired goals.
    - Include families in the design of the permanency plan.
    - Consider all the critical needs of the child/family in the permanency plan to achieve the permanency goal.
    - Ensure that the proposed interventions and supports are individualized and appropriate to the situation and/or person's capabilities.
    - Train case managers in practical casework skills, family dynamics, and working relationships as they relate to permanency plans.
    - Revise permanency plans to reflect progress or lack of progress of the child or family in meeting permanency plan goals.

- **Improve service plan implementation.**
    - Create a resource manual of available services and placements specific for each region for case managers.
    - Identify the appropriate community services to keep children as close to home as possible.
    - Ensure all identified essential service needs contained in the permanency plan are provided in a timely manner, at the level of intensity needed, and by qualified providers.
    - Access services for children based on need, not limited to services based on availability.

- **Improve the continuity of care and coordination in the provision of services to the child and family.**
    - Identify a single point of coordination and accountability for the permanency plan and those involved in its implementation.

- Increase efforts to integrate services.
- Ensure adequate communication so all relevant persons involved know the current status of the case.
- Train case managers on how to advocate on behalf of the child and family, based on the Brian A. principles.

- **Address the emotional well-being of children.**
  - Train case managers to understand and recognize the mental health needs of children.
  - Ensure children receive the services and supports necessary to make progress.
  - Develop and implement strategies to ensure children receive individualized services based on their unique strengths and needs.
  - Utilize EPSDT for identification, treatment, and follow-up services.
  - Utilize the Health Units as a means to securing the appropriate services.

- **Increase family unification efforts to assist families in achieving reunification.**
  - Develop a more family-focused/family-centered approach.
  - Train case managers in basic social work skills to assist families in building the capacities necessary to function independently and to explore beyond the immediate reasons for custody.
  - Become a responsive system to the strengths and needs of the family.
  - Improve identification of family needs, including provision of appropriate evaluations or assessments.
  - Ensure permanency plans address the current needs of the family.
  - Identify options for substance abuse treatment for parents as required by the Adoption and Safe Families Act.
  - Increase awareness of the importance of family-type settings for placements, if children cannot remain in their homes, and make efforts to maintain children in their communities.

- **Improve advocacy for all children.**
  - Reduce the number of children in custody too long.
  - Improve access to advocacy for children in custody and their families.
  - Ensure that fundamental due process rights for children and families are met.
  - Fund additional Court Appointed Special Advocate (CASA) programs to provide trained and supervised lay advocates.

Training Recommendations

- **Provide skills-based training to new and existing staff for consistent principles in best practice.**

- Adopt the Brian A. principles in practice as well as in concept.
- Develop and implement a training model incorporating the Brian A. principles and basic social work skills.
- Promote partnerships with children and families.
- Provide the training regionally.
- Provide training by trainers experienced in actual casework and case management.
- Provide opportunities to "shadow" experienced case managers.
- Provide detailed and specialized casework skills training including increased hands-on experience.
- Provide on-the-job field experience with a case from start to finish.
- Provide early supervision and periodic review of cases.
- Provide clear training on how to complete and use required forms.

- **Train staff to adequately serve children and families by providing detailed and specialized skills needed to implement job responsibilities.**

    - Develop a users guide for completing paperwork requirements.
    - Provide early and ongoing supportive supervision.
    - Provide training in social history development, including when to complete and when to update.
    - Teach case managers to access, review and incorporate Child Protective Service records for a more complete social history.
    - Train case managers to recognize the need for psychological evaluations and specialized assessments for children and parents and to identify issues for the child during EPSDT.
    - Provide training in permanency plan development that addresses the needs and problems identified in the assessment of needs.
    - Teach case managers about appropriate goal planning, including Adoption and Safe Families Act requirements.
    - Provide case managers with a directory of resources that are available within their region and instructions on how to access needed services.
    - Provide training in court policy and procedures, including understanding court documents and preparing court testimony.
    - Provide computer training earlier in TNKIDS, including how to print needed screens.
    - Train case managers on effective interview techniques when working with families or when dealing with difficult parents or children in crisis.
    - Provide training in specialty areas including special education, cultural competency, interstate compact for placement, adoption procedures, and transitioning children from placement to placement or to adult mental health or mental retardation/developmental disabilities systems.
    - Provide training in time management, crisis management, and organization skills.

Recommendations For Additional Resources

- **Increase early intervention and prevention services to reduce the risk of custody.**
    - Improve collaboration efforts between schools, courts, families, and other child-serving agencies.
    - Provide intervention or prevention services earlier to reduce the risk of custody.
    - Provide additional programs and services to address substance abuse issues for children and families.
    - Seek and utilize relatives and provide in-home services as needed.
    - Develop truancy prevention services and programs.
    - Develop programs for effective reduction in adolescent crime.

- **Provide adequate placement resources to provide appropriate out-of-home placements in a timely manner as close to home as possible.**
    - Recruit regular and therapeutic foster homes in every county.
    - Increase the number of statewide Level II and III residential placements for male and female adolescents.
    - Increase the number of statewide alcohol and drug programs for children and parents.
    - Increase the number of programs/placements statewide for older and younger children, male and female, who need sex offender treatment.
    - Provide optional placements for children needing gradual reintroduction into family and community settings.
    - Establish additional Independent Living Programs.
    - Increase the placement options for children with dual diagnoses/co-occurring disorders, and children diagnosed with mental retardation.
    - Adequately prepare children for transition to adult mental health or mental retardation/developmental disabilities systems, if applicable.

- **Expand home/community resources required to address the needs of the child and/or family.**
    - Develop collaborative arrangements with other state, local, and private agencies to ensure funding provides infrastructure required to support community resources purchased with wraparound or flexible funds.
    - Expand the base of mental-health services at the provider level, including psychiatrists, psychological examiners, child psychologists, and other counselors.
    - Improve access to mental health services at the level of intensity needed, including increased counseling sessions by qualified providers specializing in children's mental health issues.
    - Provide substance abuse services for children and parents.

- Enlarge the pool of flexible funds to provide intensive wraparound supports that fit the child and family, and provide more flexibility for access.
- Increase the funding for services for parents who do not have the financial means to comply with the permanency plans.
- Increase respite care services for the child and family.
- Provide better access to child and family support services, including parenting classes, recreational activities, mentoring, housing assistance, transportation assistance, career planning, tutoring, vocational guidance and testing, after-school programs, day care, etc.

- **Continue the CPORT evaluation to provide an independent mechanism for systems improvement in the following:**
  - Department of Children's Services
  - TennCare/Health Services
  - TennCare Partners/Mental Health Services
  - Families First
  - Education/Special Education
  - John B. EPSDT Litigation
  - Brian A. Child Welfare Litigation

The following information summarizes findings for the state sample of 349 cases reviewed by the CPORT process in 2001:

Demographic Information on Cases Reviewed

- Reported annual household income for 54 percent of the families of children in custody was less than $15,000; 17 percent reported incomes between $15,000 to 24,999.
- Thirty-seven percent of the parents of children in custody had some 9-12th grade education reported, but had not graduated from high school.
- The greatest number of petitions was filed by the Department of Children's Services/ Department of Human Services (58 percent).
- The majority of children were adjudicated Dependent/Neglect (72 percent).
- Children exhibiting behavior problems (33 percent) and neglect by caretaker (29 percent) were the main reasons for children to enter custody.
- A substantial number of children were in foster placements, including regular and therapeutic custodial department foster homes and regular and therapeutic contract foster homes (40 percent).
- The majority of children in care were age 13 and over (57 percent).
- The majority of children in custody were Caucasian (55 percent).
- The majority of children in custody were male (55 percent).
- A little over one in three children (37 percent) had a formal mental health diagnosis.
- Thirty percent of children had remained in custody too long.

Critical Issues: Children and family conditions that contributed to the risk of children entering or remaining in custody included:

- Sixty-seven percent (67 percent) of the children had little or no relationship with their fathers.
- Sixty-one percent (61 percent) of the children had parents who were or had been incarcerated.
- Fifty-seven percent (57 percent) of the children had parents with substance abuse issues.
- Forty-two percent (42 percent) of the children had been allegedly sexually or physically abused (17 percent sexually abused, 13 percent physically abuse, 12 percent both sexually and physically abused).
- Thirty-four percent (34 percent) of the children had experienced domestic violence in the home.
- Thirty-two percent (32 percent) of the children had little or no relationship with their mothers.
- Twenty-eight percent (28 percent) of the children have substance abuse issues, 68 percent of the children adjudicated delinquent, and 37 percent of the children age 13 and over.

CPORT Findings: Status of the Child/Family

- Most children in custody were in a positive status (84 percent).
- Most children were safe from harm (93 percent).
- The emotional well-being of most children in custody was adequately addressed (87 percent).
- The physical well-being of the great majority of children was adequately addressed at the time of the review (95 percent).
- Most children were placed with adequate caregivers (94 percent).
- Most children were in stable placements not likely to disrupt (88 percent).
- Most children were in the least restrictive, most appropriate placement to meet their needs (90 percent).
- For most children, the system had identified an appropriate permanent goal (91 percent).
- When appropriate, 80 percent of the families were receiving services to remain intact or to reunify.
- Most children were making progress in education or a vocation (86 percent).
- The lowest indicator was in family satisfaction (57 percent adequate).
- The status of children/families was more likely to be positive overall if child were age 5 and under, adjudicated dependent/neglect, and in foster placement.
- There were no major differences in the status of the child/family based on gender, or race.

CPORT Findings: Adequacy of Service System Functions

- In most cases the system adequately identified the long-term view for services (85 percent).

- The system was engaging most children in the planning and implementation of services, if age appropriate (90 percent).
- The system engaged most families in the planning process (89 percent).
- Efforts were made to provide home- and community-based services for most children and families (95 percent).
- In most cases the system was able to respond to problems of an urgent nature (93 percent).
- Most children were achieving progress (89 percent), especially younger children.
- Advocacy for children and families was 78 percent adequate.
- The majority of families were achieving progress (55 percent), a decline from past year.
- Supportive intervention was provided to achieve the permanent goal (81 percent).
- Areas of deficiency in system performance included Assessment of Needs (65 percent), Permanency Plan Design (58 percent), Service Coordination (69 percent), and Progress Achieved-Family (55 percent).
- The service system functioned adequately to meet the needs of child/family (39 percent).
- There were no major differences in the adequacy of service system functions based on age, gender, residence, or adjudication.

CPORT System Observations

Content analysis of strengths and performance issues across 12 Community Service Agencies revealed common strengths and weaknesses.

Strengths Identified Statewide

- Most children were appropriate for custody at the time of custody.
- Efforts were made to place siblings together.
- Most children were in the least restrictive, most appropriate placement to meet their needs.
- The majority of children were in placements close to home or in the CSA region.
- In most cases the TNKIDS extract contained accurate information.
- The majority of foster homes were high quality and very committed to children, and many are willing to adopt.
- Most children were receiving current Early and Periodic, Screening, Diagnosis, and Treatment services.
- Substantial services had been provided in an effort to prevent custody.
- Most children needing special education services were receiving them.
- There was an overall reduction in children experiencing lengthy stays (30 days or more) in detention/emergency shelter/diagnostic shelter awaiting a placement.

Weaknesses Identified Statewide

- The assessment of needs identified for children/families was often inadequate.

- Many Permanency Plans were inadequate, not addressing current issues/service needs of child and family.
- Service coordination and communication between various system components were often inadequate.
- Many children experienced multiple placements (four or more).
- Almost half of the children had experienced a change in case managers within the past 12 months because many case managers possessed 12 months or less experience and other case managers were reassigned.
- Many children stayed in custody too long.
- Many case managers carried caseloads of 25 or more.
- Truancy or other school problems were major factors contributing to custody for a number of school-age children.
- A number of children experienced multiple custodies, in some cases three or more times.
- A number of children received in-home services/crisis intervention but still entered custody.

TennCare/TennCare Partners/MCO/BHO/EPSDT Issues

There were TennCare problems statewide, with the most problems reported in Knox County, East Tennessee, Southeast, Upper-Cumberland, and South Central. TennCare issues included the following:

- There were delays in receiving dental services due to an inadequate provider network, and in some cases children had to travel outside a 30 mile radius to see a dentist.
- There were delays in medical services due to an inadequate provider network.
- In some cases coverage was denied, including prescription medications, special services, and special medical supplies.
- There were lapses in services due to failure to transition children in TennCare when custody ceased, or when placement changed.
- In some cases children had to travel over 30 miles to receive dental or medical services.
- Some children were adversely affected by the conversion to TennCare Select.

Summary of CAFAS Findings

The Child and Adolescent Functional Assessment Scale (CAFAS) is a separate measure used to assess the child's psychosocial functioning and has been adopted by several other states for evaluating state-served children. The assessment tool contains five psychosocial subscales that apply to the child: role performance (school, home, or community), behavior toward self/others, moods (emotions, self-harmful behavior), thinking, and substance use. To each of the scales, the CAFAS applies a four-level rating system that is used to indicate the degree of dysfunction manifested in each area. The higher the rating, the more severe the level of dysfunction. The level of functioning is expressed in terms of degree of impairment, rated as severe, moderate, mild, or minimal/no impairment.

The total sample consisted of 274 children (those age eligible and with a completed CAFAS). Of the 274 cases, 66 percent of the children were rated as impaired in at least one of the five areas, with 46 percent receiving impaired ratings in two or more areas. Forty-three percent of the children rated a moderate or severe impairment in at least one area. Among the cases reviewed, the two domains with the most problems in functioning reported were role performance (the effectiveness with which the child fulfills the roles most relevant to his or her place in the community) and behavior toward self or others. Overall, the CAFAS total scores indicated the following treatment needs for the sample population of children and youth in state care: 44 percent, supportive intervention; 25 percent, short-term treatment (up to 6 months); 15 percent, periodic treatment over a 6-24 month period; and 16 percent, long-term treatment (1-5 years).

Summary of CBCL Findings

The Child Behavior Checklist (CBCL) is an assessment tool designed to record in a standardized format children's competencies and problems as reported by their parents or caregivers, teachers, and the youth (age 11-18). The CBCL is also designed to identify syndromes of problems that tend to occur together either as externalizing or internalizing behaviors. A CBCL was completed on 259 children in the CPORT sample. The CBCL was completed either by the parent, if the child was residing in the home, or the caregiver where the child was placed and had resided for at least 2 months. Thirty-three percent of the children ages 6-18 were identified with internalizing behaviors at the borderline clinical or clinical level. Internalizing behaviors included syndrome scales designated as withdrawn, somatic complaints, anxious/depressed. Forty-three percent of the children were identified with externalizing behaviors at the borderline clinical or clinical level. Externalizing behaviors included aggression and delinquent behavior. Social, thought, attention, and "other" problems contribute to total problems along with the internalizing and externalizing profiles.

Twenty-two percent of the children between ages 18 months to five years were identified with internalizing behaviors at the borderline clinical or clinical level; 22 percent were identified with externalizing behaviors at the borderline clinical or clinical level.

Conclusions

The CPORT process provides significant qualitative and quantitative information about the status of children and families and service system performance. The 2001 results indicate the overall status of children remained the same as last year (84 percent), with a slight decline on two essential indicators. Overall most children are in a positive status, but the emotional well-being indicator continues to be the primary factor in defaulting the overall status of the child to negative. The 13 percent of children rated inadequate in emotional well-being needed services to address issues of physical/sexual abuse, grief/separation/loss, and/or abandonment, especially for children ages 13 and over. While only 7 percent of the children in custody were adjudicated unruly, these children were least likely to receive services to address their emotional well-being.

In 1999 the system functioned adequately 46 percent of the time, a considerable improvement over 1998 (33 percent), but in 2000 the overall service system function declined by 4 percentage points to 42 percent and declined again in 2001 to 38 percent. The assessment indicator for identifying the needs of children and families was the lowest ever (65 percent), especially inadequate for children ages 13 and over, and showed major variations by residence with assessments better for children in family or group placements, but weaker for children in foster placements. Assessments were better for children adjudicated delinquent than dependent neglect. This most essential indicator that correlates to other essential system functions had been a strength from 1994 to 1997. The weakest system function was permanency plan design (58 percent adequate), especially for children adjudicated dependent neglect. Inadequate assessments and permanency plans contributed to inadequate progress achieved by the family, especially the families of children in foster or group placements.

Service coordination is another area that needs attention. In 2001 there was adequate continuity and coordination in the provision of services 69 percent of the time. Over the last eight years service coordination has fluctuated from as low as 52 percent in 1994 (the initial baseline year) to a high of 71 percent in 2000. During those same years there have been frequent changes in the service delivery model. The single case managers will hopefully provide continuity and coordination in the provision of services if they are trained in the best practice principles. A single point of coordination, interaction, and accountability is necessary to plan, implement, monitor, modify and evaluate essential services and document results for a family and child regardless of the number of agencies/providers involved. The person filling this role should have the competence necessary to perform essential functions for the family based on the complexity of the case. This person should be able to advocate on behalf of the child and family without conflicts of interest. Collaboration and communication are necessary to achieve and sustain a coordinated and effective service process.

Family satisfaction is not always an indicator of the quality of services received, but families were satisfied with services only 57 percent of the time. Families were the most satisfied when children remained in the home with the appropriate wraparound services for successful reunification, or when the children were in foster placements and they were receiving services for the children to return home. There were differences in satisfaction based on race with families of children who are Caucasian less satisfied than families who are African American. Families of children in group placements or adjudicated unruly were the least satisfied of all.

A more family-centered approach built on a foundation of good practice, clear goals, and outcomes that are individualized and central to the children and their families would be more effective in attaining the desired outcomes.

The CPORT process has systematically documented the status of children and the performance of the service delivery system as it continues to evolve in Tennessee. It is an important vehicle for both documenting and stimulating positive system change. The process serves as both a road map and a compass. It shows us where we are and points us in the direction we need to go for continuous improvement in the delivery of services to children and families.

Tennessee Commission on Children and Youth
Children's Program Outcome Review Team
2001 Evaluation Results

Introduction

In its eighth year of evaluating children's services, the Children's Program Outcome Review Team (CPORT), under the direction of the Tennessee Commission on Children and Youth (TCCY), continued to collect and analyze data to improve implementation of service delivery to children and families involved in state custody. The CPORT evaluation collected and organized essential information about the population of children served, needs of the children and families, and the system's ability to adequately perform functions to meet the needs of the children and families it serves.

The CPORT evaluation uses the "service testing" method, also referred to as "quality service review," for measuring service delivery outcomes. Service testing is similar to consumer product testing with the following objectives: 1) to determine how well individual consumers are doing in areas related to the services received, and 2) to determine how well system service functions worked in those cases. Service testing is a form of case study that combines evidence gathered through documentary analysis, interviews, and observations to render findings for individuals and for the system as a whole, based on the experience of those individuals. The purposes are to provide a tool that promotes overall quality improvement in providing services to children and families to stimulate change and to instill principles of good practice.

The Tennessee Commission on Children and Youth employs a core group of 12 full-time, trained reviewers whose sole function is to conduct reviews for the CPORT evaluation. Each reviewer possesses an average of 12 years of individual employment experience related to providing services to children. Their varied backgrounds include social services, community health, mental health, and education. All possess experience in children's services and experience with the juvenile court.

The CPORT evaluation process is funded through the Department of Children's Services, and the funding for the evaluation is derived from the following:

- 7 percent Title IV-E foster care and adoption;
- 4 percent Title IV-B;
- 15 percent Social Services Block Grant (SSBG);
- 7 percent TennCare administration;
- 25 percent TennCare treatment; and
- 42 percent unmatched state funds.

Reviews for 2001 began February 12, and involved 45 to 60 randomly selected cases in each of the 12 Community Service Agency regions. Data for 2001 were reflective of the population of children in the custody of the Department of Children's Services. Children are assigned a home county case manager responsible for completing an assessment on the child and family and developing the permanency plan based on the needs identified in the assessment. A residential case manager is also assigned to the child and provides the primary face-to-face contact with children in out-of-home agency placements. During 2001, the Department of Children's Services began to transition children to a single case manager responsible for the child and family with an assessment team component to assist in the assessment of the strengths and needs of the child and family. The assessment team, the case manager and other key participants (including the child, if age appropriate, and the family) collaborate in the development of a Permanency Plan in a Permanency Plan Staffing to achieve the desired permanency goal. In a number of cases reviewed in 2001, a residential case manager was still assigned as the liaison between the child and the placement.

At the beginning of 2001, Tennessee had 11,000 children in custody, a decrease of 286 compared to 2000, which had decreased approximately 500 children compared to 1999. To evaluate the outcomes for a representative sample of children served by the state, the sample size was predetermined in order that the results of the case review process would be statistically significant at the 85 percent level of confidence with +/-15 percent accuracy for each regional sample. The number of cases reviewed statewide is designed to be statistically significant at the 95 percent level of confidence with +/-5 percent accuracy for the state sample. These estimates indicate that a sample size of 580 children for the regional distribution of results and 349 children for the statewide distribution of results would be sufficient in reflecting the target population.

Pertinent information was collected utilizing a special instrument called a protocol. The protocol contained a series of in-depth structured interviews, and each interview contained a set of questions regarding the status of the child and family, the functions of the service delivery system, demographics, and TennCare implementation. Interviews were conducted with the following: child (if age appropriate), parent(s), custodial department worker(s), caregiver(s) (foster parent or direct care staff in a group facility), court representative(s), teacher(s), and other relevant service providers. The case records were reviewed. Permanency Plans, social

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histories, psychological evaluations, and court orders were copied and reviewed. The majority of information was collected through the interview process. Deductive conclusions were made based on the information given by the interview participants within the system providing services and the consumers receiving the services.

Before summarizing case studies, the reviewers answered questions that led to summative conclusions regarding the status of the child and the functioning of the system on the indicators listed below. The indicators marked with an asterisk were deemed essential by the Interdepartmental Design Team that developed the original CPORT protocol. Consequently, all asterisked items had to be positive for an overall positive or adequate. (See Appendix G for questions related to all indicators.)

Status of Child/Family

1. Safety*
2. Emotional Well-being*
3. Physical Well-being*
4. Caregiver Functioning*
5. Stable Home
6. Permanence
7. Appropriateness of Placement
8. Educational Progress
9. Family Unification
10. Independent Living (ages 13+)
11. Child Satisfaction
12. Family Satisfaction
13. Overall Status

Service System Functioning

1. Assessment*
2. Long-term View*
3. Child Participation*
4. Family Participation*
5. Service Plan Design*
6. Service Plan Implementation*
7. Service Coordination*
8. Monitoring/Change*
9. Advocacy
10. Early Child and Family Intervention
11. Home and Community Resources
12. Placement Resources
13. Supportive Interventions to Achieve Goal
14. Urgency Response
15. Progress Achieved-Child
16. Progress Achieved-Family
17. Overall Adequacy

By December 7, 2001, a total of 580 cases were reviewed. The data was then summarized regionally and compared to the cases randomly selected for statewide analyses (349 cases).

In addition to compiling individual case data, reviewers identified service system strengths, noteworthy accomplishments, and emerging system performance issues observed in the cases reviewed in each region.

The statewide distribution of results for 2001 were compared to the data collected in previous years. The data presented here demonstrate changes over time. The following information summarizes findings for the entire eight years of CPORT history.

Children's Program Outcome Review Team Results

Demographic Information on Cases Reviewed

Children are brought before the juvenile court as the result of the filing of a petition. Petitions are filed by members of the community, or stakeholders involved with children's services related to the abuse, neglect, or behavior problem of the child. Children can have multiple petitions before entering custody.

- The greatest number of petitions was filed by the Department of Children's Services (or the Department of Human Services prior to consolidation), followed by law enforcement and juvenile courts. Fifty-eight percent of the petitions were filed by DCS. The percent filed by parents has remained the same for four years. The percent of petitions filed by the courts decreased from the high of 14 percent in 2000 to 11 percent in 2001. Petitions filed by law enforcement increased from 10 percent in 2000 to 13 percent in 2001.

Petitions Filed By (in percent)	'94	'95	'96	'97	'98	'99	'00	'01
Department of Human Services / DCS	41	50	47	49	57	59	55	58
Parents	21	15	11	11	8	8	8	8
Law Enforcement	9	10	11	10	13	14	10	13
Courts	7	8	10	10	9	9	14	11
Other	22	17	21	20	13	10	13	10

The "Other" category includes relative/family, neighbor/friend, victim, school, mental health professional, CSA, DYD, DMHMR, Placement, and TPS.

- The majority of children were adjudicated Dependent/Neglect.
- The percentage of children adjudicated unruly remained in single digits.

Adjudication (in percent)	'94	'95	'96	'97	'98	'99	'00	'01
Dependent/Neglect	57	68	67	65	68	72	68	72
Unruly	21	15	12	12	9	5	8	7
Delinquent	22	17	21	23	23	22	24	21

The percent of dependent/neglect adjudications increased from 2000 to 2001 as unruly and delinquent adjudications decreased.

Unruly adjudications had continued to decrease from 15 percent in 1995 to 5 percent in 1999, but in 2000 unruly adjudications increased to 8 percent. In 2001 they went back down, to 7 percent. Since 1996, the courts have been restricted from committing a child adjudicated unruly to the custody of DCS unless the child is referred to the department's juvenile-family crisis intervention program (FCIP) for review and intervention. The FCIP would then certify to the court that there is no other alternative than to place the child in custody. The FCIP has had a positive impact in this area.

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Most delinquent offenses can be categorized into five levels ranging from the least serious to the most serious:

- Level I includes violation of Drug Free Youth Act, violation of probation, violation of aftercare.
- Level II includes evading arrest, aggravated criminal trespass, resisting stop/search/frisk, joyriding, unauthorized use of vehicle, criminal trespass, breaking and entering, contempt of court, vandalism, mischief, petit larceny, shoplifting, DUI, driving without license, disorderly conduct, indecent exposure, public intoxication, giving false information to police, criminal impersonation, traffic violations
- Level III includes assault, possession of controlled substance, other drug offense, attempt to commit felony, escape, grand larceny, burglary, motor vehicle theft, burglary of vehicle, theft of property, reckless endangerment, forgery, credit card fraud, harassment, receive/conceal stolen property.
- Level IV includes aggravated assault, accessory to homicide, sexual battery or other sex offense, weapon in school, arson or attempted arson, carrying weapon, aggravated burglary, sale of controlled substances, attempted kidnapping.
- Level V includes criminal homicide, voluntary manslaughter, aggravated rape, rape, kidnapping, attempted homicide, aggravated robbery, robbery, and sexual abuse of a child.

In 2001 most offenses were in the Level IV category, compared to previous years when most were in Level III.

Level of Offense Delinquent Adjudications (in percent)	'99	'00	'01
Level 1	0	5	3
Level 2	1	2	8
Level 3	51	44	35
Level 4	32	38	49
Level 5	16	11	5

Fifty-four percent of those adjudicated delinquent fell into Levels IV and V combined.

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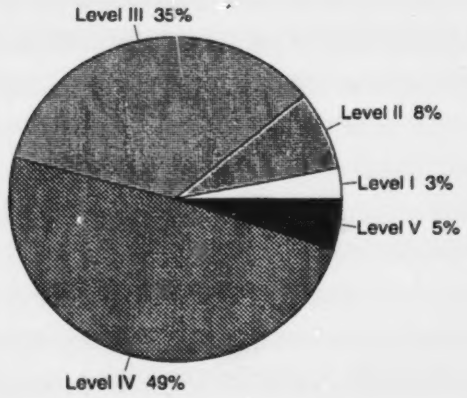
Level of Offense for Delinquent Adjudications



Females had committed offenses in all levels except Level V, the most serious offenses. Over a fourth of the delinquent children had experienced custody more than once; three times was the maximum number reported.

- Children enter custody for a variety of reasons: behavior problems, including delinquent and unruly behaviors; neglect by caretaker; abandonment; physical abuse; and sexual abuse.

- The percentage of children in foster placements, including regular and therapeutic custodial department foster homes, and regular and therapeutic contract foster homes, remained the same as last year at 40 percent. Group placements are any congregate living environment, and a continued increase was seen for 2001 in this type of placement. In almost all regions, the majority of the children in foster and group placements were placed either in their home county or within the CSA region. Overall, 90 percent of the children in custody were in the least restrictive, most appropriate placement to receive needed services. Comparisons by age and residence indicate younger children and children residing in family and foster placements were most likely to be in the least restrictive most appropriate placement. Refer to Appendix C for additional information.

Placement (in percent)	'94	'95	'96	'97	'98	'99	'00	'01
Family	20	19	26	22	22	25	26	25
Foster	34	43	40	43	43	46	40	40
Group	39	32	29	25	30	23	27	28
Runaway	9	6	5	10	5	6	7	7

The average number of placements for a child was 4.0, compared to 3.8 in 2000. Eight percent of the children had experienced 10 or more placements compared to last year's 6 percent. Children ages 13 and over experienced the greatest number of placements, an average of 5.1. Fourteen percent of the children ages 13 and over

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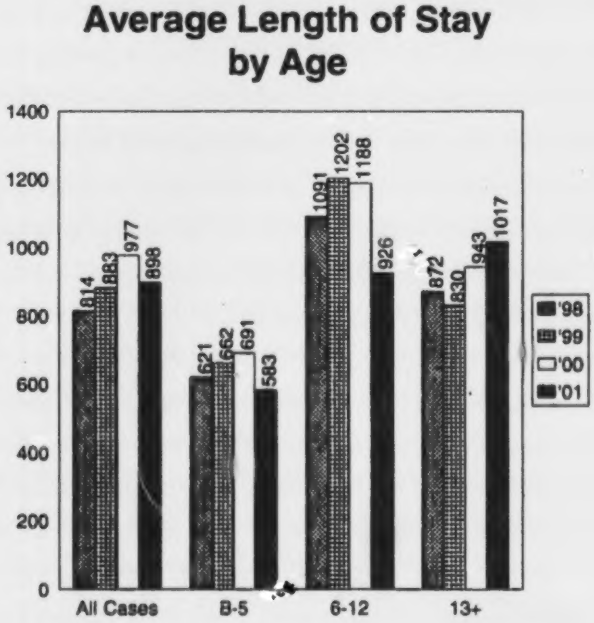
experienced 10 or more placements. Last year almost two-thirds of children on "runaway" status had run from group placements; in 2001 that figure was 56 percent.

- The majority of children in care were age 13 and over, as they have been every year. The mean age of the child was 11.5; the median age was 14.

Age of the Child (in percent)	'94	'95	'96	'97	'98	'99	'00	'01
Birth to 5	17	16	23	[illegible]	19	21	13	23
6 to 12	18	24	21	22	24	24	27	20
13 plus	65	60	56	56	57	55	60	57

- The length of stay for all children decreased except for those children in the 13+ age group. This year's data indicate adolescents were staying in custody longer than any of the other age groups, an average of 1,017 days at the time of review. The past three years showed children age 6 to 12 staying longer in custody.



- The racial breakdown of children in custody was:

Race of the Child (in percent)	'94	'95	'96	'97	'98	'99	'00	'01
Caucasian	72	58	60	57	52	58	59	55
African-American	25	34	35	38	41	35	34	36
Other	3	8	5	5	7	7	7	9

"Other" race includes Multi-racial, Biracial, Hispanic, Asian, Native American and all others.

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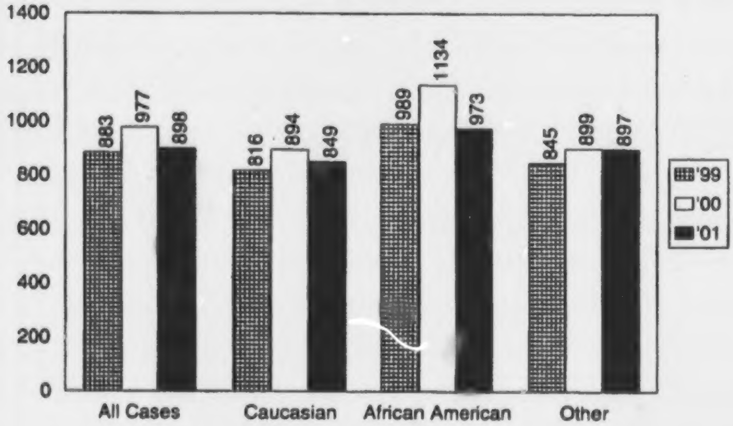
The percent of African-American children in custody increased slightly as did the percent of children of "Other" race/ethnicity.

African-American children remained in custody fewer days than in previous years, though still longer than Caucasian children did, an average of 973 days compared to 849 days.

Average Length of Stay
By Race



- The majority of children in custody were male.

Sex of the Child (in percent)	'94	'95	'96	'97	'98	'99	'00	'01
Male	58	54	57	59	59	53	60	55
Female	42	46	43	41	41	47	40	45

- Children Adjudicated Dependent/Neglect were equally male and female.
- Well over half of unruly children were female.
- Males adjudicated delinquent outnumbered females adjudicated delinquent four to one.

Adjudication by Gender (in percent)	'94	'95	'96	'97	'98	'99	'00	'01
Dependent/Neglected male	52	50	50	51	52	46	54	50
Dependent/Neglected female	48	50	50	49	48	54	46	50
Unruly male	49	39	52	49	44	33	43	38
Unruly female	51	61	48	51	56	67	57	62
Delinquent male	82	81	82	90	83	83	82	79
Delinquent female	18	19	18	10	17	17	18	21

Critical issues for children adjudicated delinquent included: sexually active (71%), substance abuse issues (69%), parents with substance abuse issues (53%),

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violence in the home (31%), psychiatric hospitalization (29%), allegedly sexually abused (26%), gang involvement (25%), and attempted suicide (25%). Refer to Appendix D for more information regarding critical issues by adjudication.

Sixty-five percent or almost two-thirds of the children adjudicated delinquent had a reported formal mental health diagnosis, compared to 28 percent of children adjudicated dependent/neglect.

Sixty-two percent of the children adjudicated delinquent were Caucasian and 34 percent were African American. Thirteen percent of the Caucasian children who were adjudicated delinquent resided in Youth Development Centers compared to 12 percent of the African-American children.

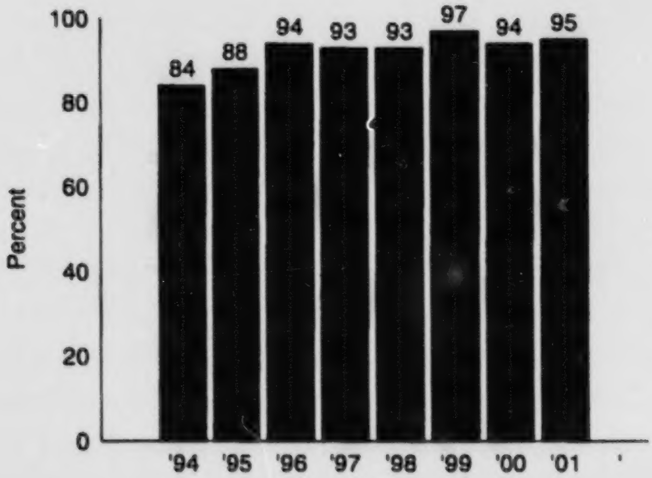
- Sixty-one percent of the children reviewed had parents who were or had been incarcerated, continuing a generally increasing trend over the years.

Incarceration of Parent(s) (in percent)	'94	'95	'96	'97	'98	'99	'00	'01
All Cases	28	40	47	51	57	55	59	61
Father	NA	20	23	21	25	24	25	22
Mother	NA	10	14	14	15	15	14	16
Both Parents	NA	10	10	16	17	17	20	23

The father was more likely to be incarcerated (45 percent of all children in sample) than the mother (39 percent). Parents were incarcerated for a variety of offenses including drug charges.

- Ninety-five percent of the children were appropriate for custody at the time of custody.
- If needed services had been provided at the time of removal, it appeared custody could have been avoided for 5 percent of the children in 2001.

If Provided Needed Services, Was State Custody Necessary?



Of the 5 percent of children where custody could have been avoided, 88 percent were adjudicated dependent/neglect, and 41 percent of those were age 5 and under.

While most children were appropriate for custody, approximately 30 percent remained in custody too long, an increase from 28 percent in 2000 and from 26 percent in 1999. The Adoption and Safe Families Act requires appropriate steps to terminate parental rights for children who stay in custody too long. Sufficient efforts for reunification must have been made to justify termination. Additional foster homes are required to fulfill the need for children awaiting adoption, because foster homes are often an older child's best hope for adoptive placement.

- Children were remaining in custody too long due to delays in termination of parental rights, in the adoption process, and in release from custody. In some cases, the window of opportunity to go home or be adopted had passed, and current circumstances and/or behaviors now prohibited release. For the year 2001, 30 percent of the children were in custody too long, continuing the trend of increases that began in 1996.

- Almost half of the children in custody too long needed either termination of parental rights or to complete adoption.

Custody Too Long (in percent)	‘94	‘95	‘96	‘97	‘98	‘99	‘00	‘01
Percent of Cases	20	26	22	24	28	26	28	30
Those in custody too long:								
Need to Go Home	NA	49	4	4	2	2	2	4
Needed Termination of Parental Rights	NA	14	7	6	10	5	10	7
Needed to Complete Adoption	NA	1	7	6	5	10	6	7
Needed to Be Released	NA	13	4	6	7	5	4	6
Needed to Live Independently	NA	0	0	1	1	0	0	1
Other	NA	0	0	1	3	4	6	5

Most of the children needing termination of parental rights or needing to complete adoption (14 percent) had been in custody 25 months or longer at the time of the CPORT review. The majority of these children have been in custody longer than four years.

The larger percentage of children who needed to complete adoption or needed termination of parental rights flipped back and forth in 1998, 1999, and 2000. In 2001 they were equally divided. Almost half of the children needing termination of parental rights or needing to complete adoption were ages 6 to 12. The custody too long issue continues to be an area of substantial concern.

Critical Issues

Beginning with the 1995 reviews, children and family conditions that contributed to the risk of entering or remaining in custody were categorized under “Critical Issues” and added to the Preliminary System Observation reports (Refer to Appendix B). These are conditions or characteristics that influence the need for services. The process included summarizing the presence of these conditions when they were significant in a region. In 1997, the data summary process included documenting these issues in all cases. This information may also be used for identifying needed services for early intervention to prevent custody, and for programs and services necessary once entering custody.

Characteristics of Children in Custody: Multi-Year Comparison

The following table is an extracted list of only those characteristics with consistently high percentages.

Characteristics (in percent)	‘94	‘95	‘96	‘97	‘98	‘99	‘00	‘01
Children of parents with substance abuse issues	NA	NA	54	63	65	64	62	57
Children having little or no relationship with father	NA	NA	54	65	61	63	65	67
Children from single parent Families (mother)	43	44	44	50	46	41	43	45
Children from homes below poverty level	NA	NA	38	40	41	42	43	39
Children had a reported formal mental health diagnosis	54	48	53	42	31	36	38	37
Children having little or no relationship with mother*	NA*	NA*	NA*	NA*	NA*	14	35	32

*Data was not collected until 1999

Sixty-seven percent of the children in the 2001 sample had experienced little or no relationship with their father, the highest yet. Little or no relationship with mother decreased from 35 percent in 2000 to 32 percent in 2001. The CPORT process has also identified children removed from relative caregivers, other than biological parents, and placed in custody. These issues strongly support the need for possible relative caregiver assistance to prevent custody, and for kinship care programs to maintain children with families.

The percentage of parents with substance abuse issues at 57 percent represents a continued decline since 1998. Parental substance abuse issues, however, cross age, race, and gender as one of the more frequent critical issues. These are certainly problems to be addressed by the system in providing prevention, education, intervention, and treatment services.

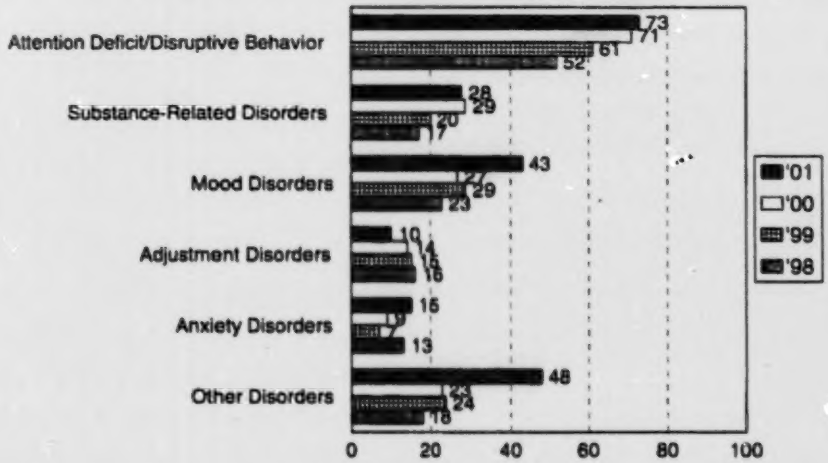
The critical issue of children diagnosed with learning disabilities appears in 17 percent of all cases. When split by various categories, it appears as a substantial issue for children who are ages 13+ (21 percent), in a group placement (22 percent), males (22 percent, twice as high as females), and children who are adjudicated delinquent (23 percent).

Refer to Appendix D for additional information regarding critical issues overall and by age, race, gender, residence, and adjudication.

The total number of children with a reported mental health diagnosis has improved slightly since the low in 1998, but is still considerably less than in 1994 through 1997. The major clinical diagnosis for children with a formal mental health diagnosis was Attention deficit/disruptive disorders (73%) (i.e., Attention-Deficit/Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder). Forty-three percent of the children were diagnosed with mood disorders. Many of these same children could be identified as having dual diagnoses or co-occurring disorders. Forty-seven percent of the children have either a DSM mental health diagnosis or a substance abuse issue.

DSM Diagnosis

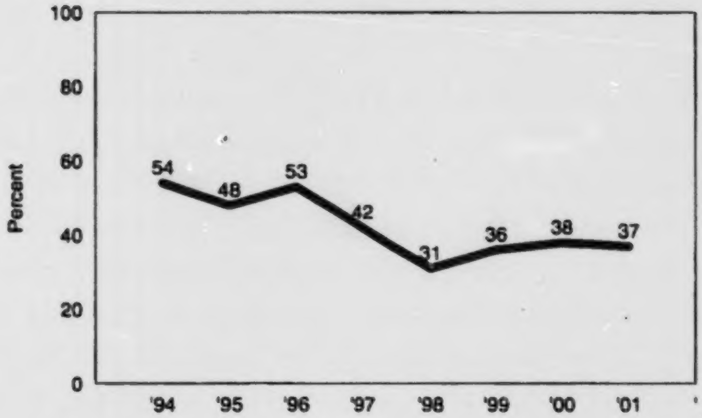
Percent of Children with Diagnosis



"Other" included children diagnosed with learning/communication disorders, mental retardation, personality disorders, psychotic disorders, anorexia, Tourette's syndrome, etc.

Reported Formal Mental Health Diagnosis

Statewide Cases



The mental health needs of children continue to go unrecognized/undiagnosed at the level previously identified in the years 1994 to 1997. A substantial number of children who needed psychological evaluations or other specialized assessments were not receiving them due to inadequate assessments of the child's mental health needs

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when the case managers did not recognize the need or did not request services in ways or using language likely to result in approval.

Supportive data is found in the category "Critical Issues" of children. The data indicate that 30 percent of the children age 13 and over experienced psychiatric hospitalizations, 27 percent had suicidal ideations or attempted suicide, 34 percent had been sexually abused, and 28 percent physically abused. Thirty-seven percent of the children age 6-12 had been sexually abused, 28 percent physically abused, and 21 percent of these children had been abandoned. Twenty-nine percent of the delinquent children had experienced psychiatric hospitalizations, 26 percent had been allegedly sexually abused, and 25 percent had suicidal ideations or attempted suicide.

The Child and Adolescent Functional Assessment Scale results indicate an additional 30 percent of the children with substantial psychosocial impairment have no mental health diagnosis.

While in most cases children are receiving the necessary EPSDT well-child screening, EPSDT should be better utilized to obtain authorization for needed psychological evaluations and other specialized assessments, as well as to access treatments identified as needed through the screening process.

CPORT Findings: Status of the Child/Family

The overall status of the child/family was 84 percent positive in 2001, as it was in 2000.

Child/Family (in percent)	'94	'95	'96	'97	'98	'99	'00	'01
Children reviewed in an overall positive status	74	75	79	83	81	87	84	84
Safety of children positive	91	93	92	93	95	95	93	93
Children's physical well-being addressed	95	94	96	95	99	98	97	95
Children placed with adequate caregivers	90	92	91	94	94	96	93	94
The child's emotional well-being addressed	78	78	82	84	85	90	88	87
Families receiving services to remain intact or to reunify with children	58	62	66	68	60	74	80	80
Families were satisfied with Services received	85	59	67	69	65	70	68	57

Children placed with adequate caregivers and the safety and physical well-being of children remained strengths.

The emotional well-being of the child had improved from 1994 (78%) until 1999 (90%). This indicator decreased slightly each year since then, to 88 percent in 2000 and again to 87 percent in 2001. The emotional well-being indicator continues to be the primary factor in defaulting the overall status of the child to negative.

Children who were rated negative in emotional well-being most frequently were in need of treatment because of issues related to abandonment, separation and attachment, grief and loss, and/or sexual or physical abuse. Services to address these issues were not always being provided, and/or not recognized as a treatment need. Many children with a history of sexual or physical abuse or behavior problems needed a psychological evaluation; however, they had not received one because the case manager had not requested one, as the need was not recognized. Consequently, children were not always able to access needed mental health services.

CPORT results indicate improvements in a more focused approach in providing services to families, but family satisfaction appeared to be the greatest overall deficiency, at 57 percent, down from 68 percent in 2000, and the lowest satisfaction rating yet. Families least satisfied were those with children adjudicated unruly. In some regions across the state case managers expressed the need for training in how to engage families. Families least likely to achieve progress were those families with children residing in foster placements. Children placed at home with their families were least likely to have an adequate permanency plan to address their needs, but more likely this year to have an adequate assessment of their needs. Forty-three percent of the families were not satisfied with the system because they were not receiving appropriate services at the level needed in a timely manner.

The complete results for the Status of the Child/Family are presented in Appendix C.

CPORT Findings: Adequacy of Service System Functions

System Adequacy (in percent)	'94	'95	'96	'97	'98	'99	'00	'01
Service system functioned adequately overall to meet needs of child/family	31	40	46	51	33	46	42	39
Assessment of needs of child/family	75	80	86	86	73	70	68	65
Service plan design	64	63	71	72	48	63	63	58
Service plan implementation	63	66	67	73	69	79	78	79
Service coordination	52	61	65	70	59	67	71	69
Monitoring/change	52	61	66	72	60	74	80	84
Supportive intervention for children to achieve permanent goal	55	64	65	72	64	76	76	81
Progress achieved by family	80	50	56	56	52	55	59	55

Overall, the system performed adequately 39 percent of the time, a decrease from 42 percent in 2000, which had been a decrease from 46 percent in 1999. While the system's ability to identify and assess child and family problems had been a strength from 1995 to 1997, this performance area began to decline in 1998 and continued to decline to 65 percent in 2001, the lowest performance ever on this indicator. These results mean that over one-third of the children in custody received an inadequate assessment of their needs. The problems included incomplete social histories or no social histories; children needing psychological evaluations but not receiving them; and/or children not receiving appropriate follow-up evaluations, such as developmental, speech and language, alcohol and drug, and psycho-educational assessments. Some of these problems can be attributed to inadequate training in developing a thorough social history or recognizing the need for additional assessments. Inexperienced case managers, turnover, and case manager reassignments also adversely impacted assessments. DCS had begun implementing regional assessment teams in 2001. It will take time for the full benefit of this change to be reflected in CPORT results.

The assessment of needs was weakest for children in the 13+ age group, or in foster placements. That same age group was also staying longer in custody than in previous years and, for the first time, longer than children ages 6-12. In addition, parents were not receiving adequate assessments that would assist the case manager in determining the appropriate service needs for children to return home.

Service plan design (58 percent adequate) decreased from last year and continued to be the weakest indicator contributing to the overall system inadequacy. The permanency plans failed to address child or family needs, were out of date, contained inappropriate goals, were not individualized, or listed inappropriate services or strategies to obtain desired outcomes for children and families. In some cases there was no plan. Service plan design was weakest for children adjudicated dependent neglect.

Service coordination decreased from 71 percent in 2000 to 69 percent in 2001. For 31 percent of the children and families, coordination was inadequate either between the Home County Case Manager and the Residential Case Manager (RCM), or between the case managers, placements, and families. Problems included inconsistency regarding the goals of the case, difficulties in obtaining needed records and information, lack of coordination or sharing of information, and fragmentation of knowledge of needs of child and family. In most cases the caseloads were still above 25 (the number of cases suggested by CWLA considered to be a manageable caseload). The dual system generated a lack of continuity of care and no single point of responsibility or understanding of the case. Transition to a single case manager had an initial impact on the continuity of care with reassignments of the RCMs. A single case manager is a better program model for the long term. These deficit areas also contributed to inadequate progress achieved by the family, and children remaining in custody too long.

Supportive intervention for children to stay or return home was 81 percent for 2001, an increase from the 76 percent the previous two years. Progress achieved by family was the weakest of the non-default indicators and generally correlates to supportive intervention to achieve the permanent goal. Progress achieved by the family remains a concern. There is a need for family support services of sufficient scope and intensity to remediate or to prevent escalation of problems and to keep the child and family together. Families of children age 13+ were more likely to achieve progress than the families of younger children. There were major variations by residence and adjudication. Families of children placed at home were more likely to achieve progress than families of children in foster placements. But the families of children adjudicated delinquent were much more likely to achieve progress than families of children adjudicated dependent neglect or unruly.

Advocacy for children in custody and their families was 78 percent in 2001, the highest yet. Advocacy was weakest for children ages 6-12, or adjudicated Dependent/Neglect.

The complete results for the Adequacy of Service System Functions are presented in Appendix C.

CPORT System Observations

Content analysis of strengths and performance issues across 12 Community Service Agencies revealed common strengths and weaknesses.

Strengths Identified Statewide

- Most children were appropriate for custody at the time of custody.
- Efforts were made to place siblings together.
- Most children were in the least restrictive, most appropriate placement to meet their needs.
- The majority of children were in placements close to home or in the CSA region.
- In most cases the TNKIDS extract contained accurate information.
- The majority of foster homes were high quality and very committed to children, and many were willing to adopt.
- Most children were receiving current EPSDT screenings.
- Substantial services had been provided in an effort to prevent custody.
- Most children needing special education services were receiving them.
- There was an overall reduction in children experiencing lengthy stays (30 days or more) in detention/emergency shelter/diagnostic shelter awaiting a placement.

Weaknesses Identified Statewide

- The assessment of needs identified for children/families was often inadequate.
- Many permanency plans were inadequate, not addressing current issues/service needs of child and family.
- Service coordination and communication between various system components were often inadequate.
- Many children experienced multiple placements (four or more).
- Almost half of the children had experienced a change in case managers within the past 12 months because many case managers possessed 12 months or less experience and other case managers were reassigned.
- Many children stayed in custody too long.
- Many case managers carried caseloads of 25 or more.
- Truancy or other school problems were major factors contributing to custody for a number of school age children.

- A number of children experienced multiple custodies, in some cases three or more times.
- A number of children received in-home services/crisis intervention but still entered custody.

Refer to Appendix B for regional information on Service System Strengths, Noteworthy Accomplishments, and Service System Issues. Refer to Appendix F for a comparison of results by region.

System Component Performance

The system of care for children and families can be separated by system components. Upon completion of each case, the reviewers were asked to answer questions regarding the roles and responsibilities of the various system components. Each question is scored based on response options: "yes" received 100 points, "somewhat" received 50 points, "no" received 0 points, and if the responses were not applicable they were not included in the data. Points were averaged for the scores given. This additional data piece provides information that directly relates to the overall system outcomes. Refer to Appendix E for scores for the Department, Placement, Parent, Court, School System, and Child.

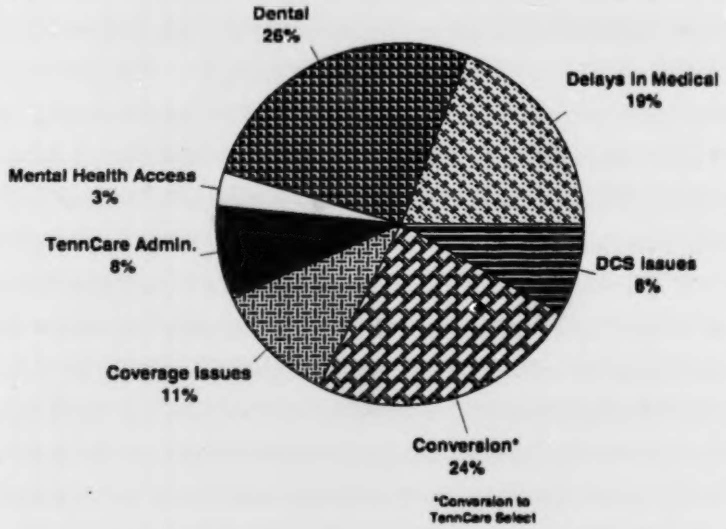
TennCare/TennCare Partners/MCO/BHO/EPSDT Issues

There were TennCare problems statewide with the most problems reported in Knox County, East Tennessee, Southeast, Upper-Cumberland, and South Central. TennCare issues included the following:

- There were delays in receiving dental services due to an inadequate provider network, and in some cases children had to travel outside a 30-mile radius to see a dentist.
- Some children were adversely affected by the conversion to TennCare Select, especially in Knox County.
- There were delays in medical services due to an inadequate provider network.
- In some cases coverage was denied, including prescription medications, special services, and special medical supplies.
- There were lapses in services due to failure to transition children in TennCare when custody ceased, or when placement changed.
- In some cases children had to travel over 30 miles to receive dental or medical services.

Reported TennCare Issues

20% of 349 total state cases (70 cases) had reported TennCare Issues



Of the 349 children reviewed, 20 percent had reported TennCare issues. Most of the issues were dental (26%), followed by medical (19%). TennCare Administration issues for 8 percent of the cases included difficulty in reaching the TennCare hotline, and timely reimbursement to service providers. Another 8 percent of the cases were DCS issues: lack of assistance in negotiating TennCare to acquire needed services for children; failure to apply for continuation of TennCare when children were transitioned home; inaccurate information provided to foster/adoptive parents regarding TennCare coverage; and failure to obtain needed follow-up dental and medical services as recommended in EPSDT.

Summary of CAFAS Findings

The Child and Adolescent Functional Assessment Scale (CAFAS) is used as a supplemental tool to the CPORT evaluation. The assessment is very useful in determining a child's ability or inability to function in the community by measuring the child's level of psychosocial impairment. The CAFAS measures the degree of psychosocial impairment in functioning of children and adolescents secondary to emotional, behavioral, or substance use problems. The CAFAS is multidimensional, measuring functioning in five areas: role performance (school, home, and community), moods (self-harm and emotions), behavior towards others, thinking, and substance abuse.

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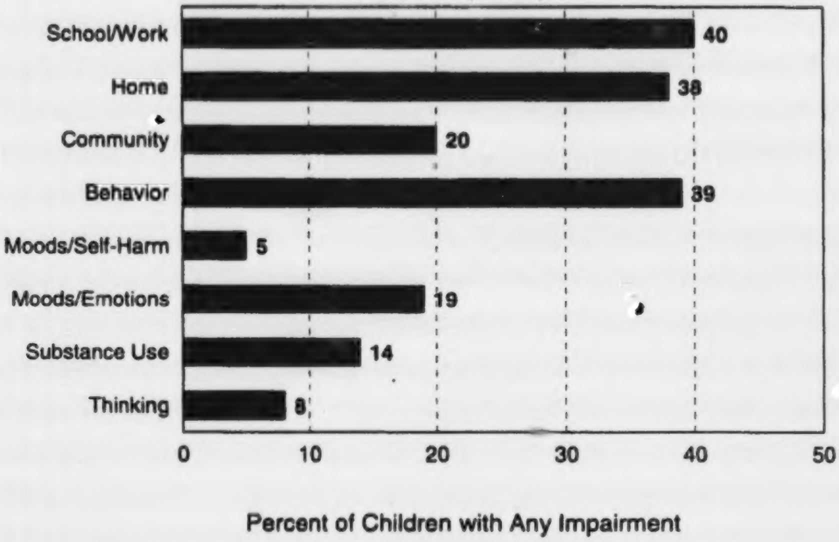
From the total 349 children and youth (aged birth to 21 years) included in the 2001 CPORT sample, 290 were ages 4-18 and thus eligible for the CAFAS scale. For 16 of the 290 cases there was insufficient information available to complete a CAFAS, bringing the final eligible completed cases to 274, which represents a 94 percent rate of completion.

Although many of the children were rated as functioning in the average range for their age for specific areas, 66 percent demonstrated some type of impairment in at least one area. Forty-six percent of the children demonstrated some type of impairment in at least two or more areas. Forty-three percent were rated with moderate or severe impairment in at least one area. Among the cases reviewed, the two domains with the most problems in functioning reported were role performance (the effectiveness with which the child fulfills the roles most relevant to his or her place in the community) and behavior.



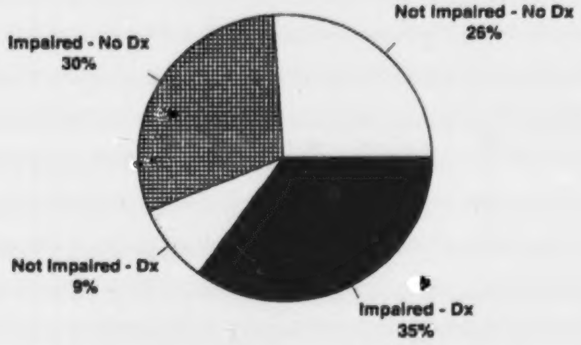
Level of Impairment on Eight CAFAS Subscales

2001 CAFAS (n=268)

The following pie chart shows the distribution of children with an impairment in any subscale of the CAFAS. As reported earlier, 37 percent of the children in custody had a reported formal mental health diagnosis. The CAFAS results indicate an additional 30 percent of children without a reported formal mental health diagnosis scored a mild, moderate or severe impairment in any subscale. Many of the nine percent of children who have a mental health diagnosis but were rated as not impaired on the CAFAS may in fact be functioning at that level because of the effectiveness of treatment, including medications, that they were receiving as a result of the diagnosis.

Impairment in Any Subscale Compared with Diagnosis

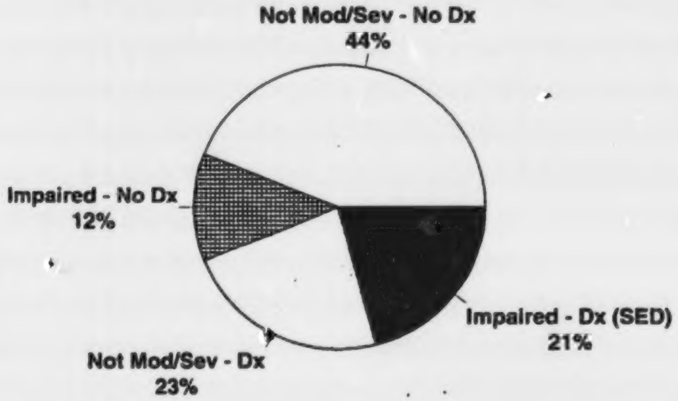
2001 CAFAS (n=268)



Children with both formal mental health diagnosis and moderate or severe impairment in their daily living skills as measured by psychosocial functioning are considered seriously emotionally disturbed (SED) and at highest risk of future problems. Twenty-one percent of the children were so identified.

Moderate to Severe Impairment in Role Performance Compared with Diagnosis

2001 CAFAS (n=274)



Overall, the CAFAS total scores indicated the following treatment needs for the sample population of children and youth in state care: 44 percent, supportive intervention; 25 percent, short-term treatment (up to 6 months); 15 percent, periodic treatment over a 6-24 month period; and 16 percent, long-term treatment (1-5 years). This indicates a significant proportion of children needing specialized and long-term care.

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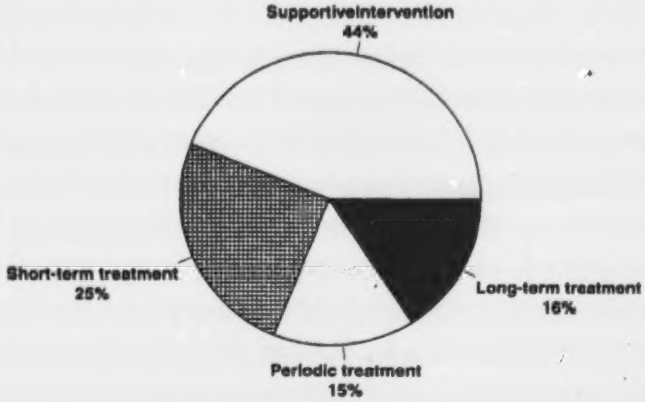
Overall Level of Service Needed
2001 CAFAS (n=268)



Summary of CBCL Findings

The Child Behavior Checklist (CBCL) is an assessment tool designed to record in a standardized format children's competencies and problems as reported by their parents or caregivers, teachers, and the youths (age 11-18). The CBCL is also designed to identify syndromes of problems that tend to occur together either as externalizing or internalizing behaviors. A CBCL was completed on 259 children in the CPORT sample. The CBCL was completed either by the parent, if the child was residing in the home, or the caregiver, where the child was placed and had resided for at least 2 months. Thirty-three percent of the children ages 6-18 were identified with internalizing behaviors at the borderline or clinical level. Internalizing behaviors included syndrome scales designated as withdrawn, somatic complaints, anxious/depressed. Forty-three percent of the children were identified with externalizing behaviors at the borderline or clinical level. Externalizing behaviors included aggression and delinquent behavior. Social, thought, attention, and "other" problems contribute to total problems along with the internalizing and externalizing profiles.

Twenty-two percent of the children between ages 18 months to 5 years were identified with internalizing behaviors at the borderline clinical or clinical level, 22 percent were identified with externalizing behaviors at the borderline clinical or clinical level.

Conclusion

The CPORT process provides significant qualitative and quantitative information about the status of children and families and service system performance. The 2001 results indicate the same overall percentage of children in a positive status compared to the previous year (84 percent), which was a decrease from 1999 when 87 percent were in a positive status, but still higher than any previous year. While overall most children were in a positive status, the emotional well-being indicator continues to be the primary factor in defaulting the overall status of the child to negative. The 13 percent of children rated inadequate in emotional well-being needed services to address issues of physical/sexual abuse, grief/separation/loss, and/or abandonment, especially for children age 13 and over. While only 7 percent of the children in custody were adjudicated unruly, these children were least likely to receive services to address their emotional well-being.

In 1999 the system functioned adequately 46 percent of the time, a considerable improvement over 1998 (33 percent), but in 2000 the overall service system function declined by 4 percentage points from 1999 to 42 percent, and declined again in 2001 to 38 percent. The assessment indicator for identifying the needs of children and families was the weakest ever (65 percent), especially inadequate for children ages 13 and over, and showed major variations by residence with assessments better for children in family or group placements, but weaker for children in foster placements. Assessments were better for children adjudicated delinquent than dependent neglect. This most essential indicator is especially critical because it correlates to and provides the foundation for other essential system functions, and had been a strength from 1994 to 1997.

The weakest system function was permanency plan design (58 percent adequate), especially for children adjudicated dependent neglect. In addition, progress achieved by the family was weaker for dependent neglected children. If assessments are inadequate, there is insufficient information about child and family strengths, weaknesses, and service needs to guide development of an adequate permanency plan for services to achieve the permanent goal. The permanency plans were slightly better for children 6-12 (59 percent) and for children adjudicated unruly (67 percent).

Service coordination is another area that needs attention. In 2001 there was adequate continuity and coordination in the provision of services 69 percent of the time. Over the last eight years service coordination has fluctuated as low as 52 percent in 1994 (the initial baseline year) to a high of 71 percent in 2000. During those same years there have been frequent changes in the service delivery model. The single case manager will hopefully provide continuity and coordination in the provision of services if the case managers are trained in the best practice principles. A single point of coordination, interaction, and accountability is necessary to plan, implement, monitor, modify, and evaluate essential services and document results for a family and child regardless of the number of agencies/providers involved. The person filling this role should have the competence necessary to perform essential functions for the family based on the complexity of the case. This person should be able to advocate on behalf of the child and family based on the Brian A. principles. Collaboration and communication are necessary to achieve and sustain a coordinated and effective service process.

The drop in family satisfaction to 57 percent, an all-time low, is notable. Family satisfaction is not always an indicator of the quality of services received, but families were satisfied with services only 57 percent of the time. Families were the most satisfied when children remained in the home with the appropriate wraparound services for successful reunification, or when the children were in foster placements and they were receiving services for the children to return home. There were differences in satisfaction based on race, with families of children who are Caucasian less satisfied than families who are African American. Families of children in group placements or adjudicated unruly were the least satisfied of all.

A more family-centered approach built on a foundation of good practice, clear goals, and outcomes that are individualized and central to the children and their families would be more effective in attaining the desired outcomes.

TCCY CPORT Recommendations

Based on all the information collected in the CPORT process, the following are priority recommendations for enhancements in children's services that should improve both system functioning and outcomes for children and families.

- **Ensure children have adequate assessments.**
    - ➢ Improve the development of social histories and keep them current.
    - ➢ Identify needs for psychological evaluations.
    - ➢ Train case managers to recognize the need for additional or specialized assessments for children and parents.
    - ➢ Train case managers and caregivers to report behavioral and other issues during Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to help identify the need for psychological evaluations.
    - ➢ Determine an appropriate long-term view or direction for the future of the child and family based on the assessment results.

- **Develop Permanency Plans that adequately reflect the strengths, weaknesses, and needs of the child and family as identified in the assessment.**
    - ➢ Service planning should not be limited to only those issues that brought the child into custody but should address all needs of the child and family to be a coherent and consistent document that guides case manager, service providers, family, and the child in identifying and obtaining the desired goals.
    - ➢ Include families in the design of the permanency plan.
    - ➢ Consider all the critical needs of the child/family in the permanency plan to achieve the permanency goal.
    - ➢ Ensure that the proposed interventions and supports are individualized and appropriate to the situation and/or person's capabilities.
    - ➢ Train case managers in practical casework skills, family dynamics, and working relationships as they relate to permanency plans.
    - ➢ Revise permanency plans to reflect progress or lack of progress of the child or family in meeting permanency plan goals.

- **Improve service plan implementation.**
  - ➢ Create a resource manual of available services and placements specific for each region for case managers.
  - ➢ Identify the appropriate community services to keep children as close to home as possible.
  - ➢ Ensure all identified essential service needs contained in the permanency plan are provided in a timely manner, at the level of intensity needed, and by qualified providers.
  - ➢ Access services for children based on need, not limited to services based on availability.

- **Improve the continuity of care and coordination in the provision of services to the child and family.**
  - ➢ Identify a single point of coordination and accountability for the permanency plan and those involved in its implementation.
  - ➢ Increase efforts to integrate services.
  - ➢ Ensure adequate communication so all relevant persons involved know the current status of the case.
  - ➢ Train case managers on how to advocate on behalf of the child and family, based on the Brian A. principles.

- **Address the emotional well-being of children.**
  - ➢ Train case managers to understand and recognize the mental health needs of children.
  - ➢ Ensure children receive the services and supports necessary to make progress.
  - ➢ Develop and implement strategies to ensure children receive individualized services based on their unique strengths and needs.
  - ➢ Utilize EPSDT for identification, treatment and follow-up services.
  - ➢ Utilize the Health Units as a means to securing the appropriate services.

- **Increase family unification efforts to assist families in achieving reunification.**
  - ➢ Develop a more family-focused/family-centered approach.
  - ➢ Train case managers in basic social work skills to assist families in building the capacities necessary to function independently and to explore beyond the immediate reasons for custody.
  - ➢ Become a responsive system to the strengths and needs of the family.
  - ➢ Improve identification of family needs, including provision of appropriate evaluations or assessments.
  - ➢ Ensure permanency plans address the current needs of the family.

- ➢ Identify options for substance abuse treatment for parents as required by the Adoption and Safe Families Act.
- ➢ Increase awareness of the importance of family-type settings for placements, if children cannot remain in their homes, and make efforts to maintain children in their communities.

- **Improve advocacy for all children.**

  - ➢ Reduce the number of children in custody too long.
  - ➢ Improve access to advocacy for children in custody and their families.
  - ➢ Ensure that fundamental due process rights for children and families are met.
  - ➢ Fund additional Court Appointed Special Advocate (CASA) programs to provide trained and supervised lay advocates.

Training Recommendations

During the interview process case managers in each region identified training needs that would better prepare them to perform their job responsibilities. Based on the regional CPORT results CPORT reviewers also identified training needs. A content analysis of the training needs across the 12 Community Service Agencies results in the following recommendations:

- **Provide skills-based training to new and existing staff for consistent principles in best practice.**

  - ➢ Adopt the Brian A. principles in practice as well as in concept.
  - ➢ Develop and implement a training model incorporating the Brian A. principles and basic social work skills.
  - ➢ Promote partnerships with children and families.
  - ➢ Provide the training regionally.
  - ➢ Provide training by trainers experienced in actual casework and case management.
  - ➢ Provide opportunities to "shadow" experienced case managers.
  - ➢ Provide detailed and specialized casework skills training including increased hands-on experience.
  - ➢ Provide on-the-job field experience with a case from start to finish.
  - ➢ Provide early supervision and periodic review of cases.
  - ➢ Provide clear training on how to complete and use required forms.

- **Train staff to adequately serve children and families by providing detailed and specialized skills needed to implement job responsibilities.**

  - ➢ Develop a users guide for completing paperwork requirements.
  - ➢ Provide early and ongoing supportive supervision.
  - ➢ Provide training in social history development including when to complete and when to update.

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- Teach case managers to access, review and incorporate Child Protective Service records for a more complete social history.
- Train case managers to recognize the need for psychological evaluations and specialized assessments for children and parents and to identify issues for the child during EPSDT.
- Provide training in permanency plan development that addresses the needs and problems identified in the assessment of needs.
- Teach case managers about appropriate goal planning including Adoption and Safe Families Act requirements.
- Provide case managers with a directory of resources that are available within their region and how to access needed services.
- Provide training in court policy and procedures, including understanding court documents and preparing court testimony.
- Provide computer training earlier in TNKIDS, including how to print needed screens.
- Train case managers on effective interview techniques when working with families or when dealing with difficult parents or children in a crisis.
- Provide training in specialty areas including special education, cultural competency, inter-state compact for placement, adoption procedures, and transitioning children from placement to placement or to adult mental health or mental retardation/developmental disabilities systems.
- Provide training in time management, crisis management and organization skills.

Recommendations For Additional Resources

Case managers and/or the CPORT reviewers identified the following resource needs during the interview process and/or the development of the final CPORT results for each region:

- **Increase early intervention and prevention services to reduce the risk of custody.**

    - Improve collaboration efforts between schools, courts, families, and other child-serving agencies.
    - Provide intervention or prevention services earlier to reduce the risk of custody.
    - Provide additional programs and services to address substance abuse issues for children and families.
    - Seek and utilize relatives and provide in-home services as needed.
    - Develop truancy prevention services and programs.
    - Develop programs for effective reduction in adolescent crime.

- **Provide adequate placement resources to provide appropriate out-of-home placements in a timely manner as close to home as possible.**

    - Recruit regular and therapeutic foster homes in every county.

- Increase the number of statewide Level II and III residential placements for male and female adolescents.
- Increase the number of statewide alcohol and drug programs for children and parents.
- Increase the number of programs/placements statewide for older and younger children, male and female, who need sex offender treatment.
- Provide optional placements for children needing gradual reintroduction into family and community settings.
- Establish additional Independent Living Programs.
- Increase the placement options for children with dual diagnoses/co-occurring disorders, and children diagnosed with mental retardation.
- Adequately prepare for children to transition to adult mental health or mental retardation/developmental disabilities systems, if applicable.

- **Expand home/community resources necessary to fulfill the needs of the child and/or family.**

  - Develop collaborative arrangements with other state, local and private agencies to ensure funding provides infrastructure required to support community resources purchased with wraparound or flexible funds.
  - Expand the base of mental health services at the provider level including psychiatrists, psychological examiners, child psychologists, and other counselors.
  - Improve access to mental health services at the level of intensity needed including increased counseling sessions by qualified providers specializing in children's mental health issues.
  - Provide substance abuse services for children and parents.
  - Enlarge the pool of flexible funds to provide intensive wraparound supports that fit the child and family, and provide more flexibility for access.
  - Increase the funding for services for parents who do not have the financial means to comply with the permanency plans.
  - Increase respite care services for the child and family.
  - Provide better access to child and family support services including parenting classes, recreational activities, mentoring, housing assistance, transportation assistance, career planning, tutoring, vocational guidance and testing, after-school programs, daycare, etc.

These resources are needed to prevent state custody, to assist children and families in their efforts to reunify if that is the goal, to provide alternative placements and resources to keep children in their communities, to provide placements closer to home, to provide sufficient therapeutic placements, and to provide foster homes that become potential adoptive placements.

- **Continue the CPORT evaluation to provide an independent mechanism for systems improvement.**

The Children's Program Outcome Review Team evaluation process provides a mechanism for system improvement by measuring the effectiveness of the service delivery system, its successes and failures. It has been a valuable tool in identifying issues as the system has experienced change:

- Initiation of the Children's Plan
- Consolidation of separate custodial departments to the Department of Children's Services
- Implementation of the new DCS model and its impact
- TennCare Implementation
- TennCare Partners Impact
- Transition to TennCare Select
- John B. EPSDT Litigation

From 1994 to1997 the CPORT evaluation results showed continued improvement in system functions. In 1998 the performance indicators declined, in some areas dramatically. The 1999 data indicated a path of progress in most areas. However, in 2000 a number of indicators declined, regressed, or stayed at low levels and in 2001 declined still lower. The Brian A. child welfare litigation provisions are already incorporated in the 2002 CPORT protocol to assist in measuring compliance.

The beneficiaries of the CPORT evaluation process are the children in state custody and their families. CPORT data empowers key stakeholders, policy makers and legislators to make informed decisions for funding allocations, policy changes, and program development. It significantly contributes to identifying additional resources that benefit both children and case managers. CPORT also provides a tremendous service to both citizens and the service system by providing independent information to enable TCCY to either validate complaints or to defend the system and refute inaccurate or unfair allegations.

The challenges for the system are great and complex. The information that is provided by the CPORT evaluation assists key stakeholders in making important decisions regarding programs and services that best meet the needs of children and families.

Participation of DCS staff as external reviewers needs to be encouraged to facilitate an understanding of and focus on an outcome-oriented system that optimally serves the needs of the children and families involved. The cross-training provided by participation in the CPORT evaluation would also be beneficial.

The CPORT process has systematically documented the status of children and the performance of the service delivery system as it continues to evolve in Tennessee. It is an important vehicle for both documenting and stimulating positive system change. The process serves as both a road map and a compass. It shows us where we are and points us in the direction we need to go for continuous improvement in the delivery of services to children and families.

APPENDIX A

Definition of Terms

Abandoned/abandonment: To give up a child completely to the state, or to desert the child either before or after custody. Examples: child is left with relative or friend, child comes into custody, whereabouts of parents are unknown; child removed from parent's home due to neglect or abuse, parent then moves away and never calls, writes, or visits child again; parent diminishes contact with child over time to the extent that child eventually never hears from parent.

Abuse: As the term relates to juvenile court – "Abuse" exists when a person under the age of 18 is suffering from, has sustained, or may be in immediate danger of suffering from or sustaining a wound, injury, disability or physical or mental condition caused by brutality, neglect or other actions or inactions of a parent, relative, guardian or caretaker [TCA 37-1-102(b)(1)].

Adjudication: The court's process to determine the validity of the allegations made in a petition or complaint.

Adoption and Safe Families Act (ASFA) of 1997: Federal legislation requiring the timeline for Permanency Planning hearings to be 12 months, with related guidelines on reasonable efforts to ensure reunification with family or relatives or termination of parental rights for children in custody 15 of the last 22 months.

Assessment: A global term for observing, gathering, recording, and interpreting information, to answer questions and make decisions. An adequate assessment should generally include a complete collection of pertinent information pertaining to the child and family that would enable the case manager to create an appropriate long-term view for services and design an adequate permanency plan.

Behavior: As defined by the Child and Adolescent Functional Assessment Scale - Daily behavior toward self and/or others is appropriate, acceptable and understandable taking into account developmental level including patterns of interpersonal interactions.

Child: A person under 18 years of age. In no event shall a person 18 years of age or older be committed to or remain in the custody of the Department of Children's Services by virtue of being adjudicated dependent and neglected, unruly or in need of services, unless in custody prior to the age of 18 and determined to remain in the care of the department in order to complete high school or other educational training or for the purpose of receiving other services. The Department of Children's Services may review the status of any person who has reached the age of 19 who is in the legal custody of the department and whose last commitment is based on an adjudication of delinquency to determine if the person should remain in the care of the department in order to complete high school or other educational training or to receive other services [TCA 37-1-102(b)(4)].

Confidence level: The probability of obtaining a given result.

Congregate living facility: Applies to group living facilities with more than eight beds.

Custody: The control of actual physical care of the child and includes the right and responsibility to provide for the physical, mental, moral, and emotional well-being of the child. Custody under the juvenile court relates to those rights and responsibilities as exercised either by the parents or by a person or organization granted custody by a court of competent jurisdiction [TCA 37-1-102(b)(8)].

Custody too long: Based on the totality of circumstances, a universal strategic way of concluding permanency should already have been achieved for the child.

Data: Pieces of information that can be analyzed and used to bring understanding about an event or activity presented numerically.

Delinquent act: An act designated a crime under the law, including local ordinances of this state, or of another state if the act occurred in that state, or under federal law, and the crime is not a status offense, and the crime is not a traffic offense as defined in the traffic code of the state other than failing to stop when involved in an accident, driving while under the influence of an intoxicant or drug, vehicular homicide or any other traffic offense classified as a felony [TCA 37-1-102(b)(9)].

Delinquent child: A child who has committed a delinquent act and is in need of treatment or rehabilitation [TCA 37-1-102(b)(10)].

Dependent and neglect child: A child who is without a parent, guardian, or legal custodian; whose parent, guardian, or person with whom the child lives, by reason of cruelty, mental incapacity, immorality, or depravity is unfit to properly care for child; who is unlawfully kept out of school; whose parent, guardian, or custodian neglects or refuses to provide necessary medical, surgical, institutional, or hospital care for such child; who because of lack of proper supervision, is found in any place the existence of which is in violation of law; who is in such condition of want or suffering or is under such improper guardianship or control as to injure or endanger the morals or health of child [TCA 37-1-102(b)(12)].

Detention: Confinement in a secure or closed type of facility that is under the direction or supervision of the court or a facility that is designated by the court or other authority as a place of confinement for juveniles [TCA 37-1-102(b)(13)].

Domestic violence: Physical violence between two or more people within their home environment.

DSM IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – A categorical classification of mental disorders into types based on criteria sets with defining features. It uses a multiaxial system that refers to a different domain of information that may help the clinician plan treatment and predict outcome. There are five axes included in the DSM-IV multiaxial classification:

Axis I	Clinical Disorders.
Axis II	Personality Disorders. Mental Retardation.
Axis III	General Medical Conditions.
Axis IV	Psychosocial and Environmental Problems.
Axis V	Global Assessment of Functioning (GAF) for reporting the clinician's judgment of the individual's overall level of functioning.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): This is a required service under federal Medicaid law, and thus is required in Tennessee's managed care Medicaid program known as TennCare, mandating a well-child screening for all children under the age of 21, and treatment for any problems identified. All children under TennCare should get regular screenings (checkups) from their primary care physicians in their MCOs. The EPSDT screening must include seven elements:

1. Comprehensive health and developmental history.
2. Comprehensive unclothed physical exam.
3. Appropriate immunizations (shots).
4. Laboratory tests.
5. Health education.
6. Vision screening.
7. Hearing screening.

Additional requirements include an annual dental checkup.

The MCO and/or BHO must provide child with medically necessary diagnostic testing and treatment for any health, developmental, or behavioral problem found as a result of the EPSDT checkup.

Emotional Well-being: A state of emotional stability, objectivity, and friendliness indicating a lack of emotional problems (e.g., depression, withdrawal, non-compliance, acting out, sexual abuse, physical abuse, grief, separation and loss, etc.) that could disrupt the home situation and precipitate need for longer term services if those needs were left unaddressed.

Environmental/cultural deprivation: Lack of exposure to basic social norms.

Family-centered: Services that look at the needs of the whole family, not just at the child being served.

Family Crisis Intervention Program (FCIP): Applies to children who have been adjudicated unruly. Prior to ordering a commitment to the Department of Children's Services, the child must be referred to the family crisis intervention program. The court may commit the child to the Department of Children's Services after such juvenile-family crisis intervention program certifies to the court that there is no other less drastic measure than state custody. [TCA 37-1-132(b)(2)].

Family-focused: Plans, services, and evaluation processes that focus on the whole family and not just on the child.

Guardian ad Litem (GAL): The attorney appointed to represent the best interests of the child in court proceedings. TCA 37-1-149 identifies when a GAL should be appointed and requires such an appointment in child abuse cases.

Incarceration: For the CPORT protocol, incarceration refers to a parent who has been jailed or imprisoned pending charges or following an adjudication for an offense, and the jailing/imprisonment has had an impact on the family environment and the child's emotional and/or physical well-being. This can refer to past or present incarcerations.

Little or no relationship with father: Biological father or father figure has been absent from the home over time, resulting in little or no involvement in child's life. Child may know who father is, but there is no real bonding or involvement or relationship established.

Length of Stay: Period of time a child has been in custody from admission to the date of the CPORT review.

Kinship care: Children residing in relative or friend placements that are paid by the Department of Children's Services.

Moods and emotions: As defined by the Child and Adolescent Functional Assessment Scale - the extent to which the child's behavior exhibits age-appropriate skills, control, and expressions of feelings, and the absence of self-harmful behavior.

Outcome: Measurable changes that occur in the individual or organization over time.

Population: A group that has something in common, for example, children in custody and their families, delinquent children, etc.

Permanency Plan: A written plan for a child placed in custody of Department of Children's Services. This document should set out requirements to achieve family reunification or other appropriate plan for permanence.

Physical Well-being: Physiological needs as measured by sufficient food, shelter, clothing, and primary health care that, if not addressed would lead to family disruption, medical problems, and physical problems.

Poverty Level: An individual or family with earnings that fell below the 2001 thresholds in the table below:

Size of Family Unit	Amount
1	$ 8,590
2	$ 1,610
3	$ 14,630
4	$ 17,650
5	$ 20,670
6	$ 23,690
7	$ 26,710
8	$ 29,730
Each Additional, Add	$ 3,020

Random Sample: Selection by a process that provides each member of a group an equal chance or opportunity of being selected in a sample.

Role Performance: As defined by the Child and Adolescent Functional Assessment Scale – The effectiveness with which the child fulfills the roles most relevant to his or her place in the community, including age-appropriate self-care, chore responsibilities, and observance of rules, school attendance, completion of homework, etc.

Safety: Appropriate safeguards are in place to protect the child, or the community if the child presents illegal/dangerous behavior.

Service Testing: Assessing the quality and outcomes of service systems performance through an organized process of inquiry, including on-site observations, peer review, and collected documents regarding individual children served and their families.

Sibling group: Refers to siblings of three or more; the average family in Tennessee has approximately two children. Large sibling groups tend to increase service and placement issues and needs.

Substance abuse: As defined by the Child and Adolescent Functional Assessment Scale - maladaptive or inappropriate substance use by children or adults that is disruptive to normal functioning.

Substance abuse issues: Refers to regular or excessive use of drugs, legal or illegal, or alcohol, as to be dependent upon the substance or to abuse the substance without dependency.

Thinking: As defined by the Child and Adolescent Functional Assessment Scale - Age appropriate expectations for rational thought and communication.

Statistics: Mathematical terms used for organization and analysis of quantifiable information.

Unruly child: A child in need of treatment and rehabilitation who habitually and without justification is truant from school while subject to compulsory school attendance; habitually is disobedient of the reasonable and lawful commands of the child's parent(s), guardian, or other legal custodian to the degree that such child's health and safety are endangered; commits an offense that is applicable only to a child; or is away from the home, residence, or any other residential placement of the child's parent(s), guardian, or other legal custodian without their consent [TCA 37-1-102 (b)(23)(A)] .

APPENDIX B

Preliminary System Observations by Region

DA - Davidson County, 12/14/2001

ET - East Tennessee, 8/3/2001

HM - Hamilton County, 2/26/2001

KN - Knox County, 11/20/2001

MC - Mid Cumberland, 9/28/2001

NE - Northeast, 6/29/2001

NW - Northwest, 8/29/2001

SC - South Central, 10/23/2001

SE - Southeast, 4/20/2001

SH - Shelby County, 5/11/2001

SW - Southwest, 3/16/2001

UC - Upper Cumberland, 6/12/2001

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Metro Nashville/Davidson County Region
Preliminary System Observations
December 14, 2001

Service System Strengths

All children (100%) had a guardian ad litem or an attorney; 15 children (31%) had GALs who were extremely involved in obtaining needed services and expediting movement through custody.

All children who were not on runaway had received EPSDT screening and all but 1 received follow-up services identified; TennCare issues were minimal for the children reviewed.

All but 5 children were appropriate for custody at the time of custody (90%).

All but 6 children had adequate social histories (88%); 12 children (24%) had exceptional social histories with substantial detailed information.

All but 6 children who were not on runaway (86%) had been seen by a DCS caseworker within the last 30 days.

All but 9 children (82%) were in the least restrictive, most appropriate placements; 2 needed more restrictive placements; 2 needed a more appropriate placement at the same level; 5 needed less restrictive placements, with 3 of them needing to go home.

Efforts were made to place siblings together in all appropriate cases except 2 (96%); efforts to engage fathers was better than often seen.

37 children (76%) received substantial services/interventions in an effort to avoid custody, including: 13 probation; 11 counseling for child; 11 relative resource explored, 7 relative resource tried; 10 CPS; 8 HomeTies; 6 Crisis Intervention; 5 parent alcohol and drug services; 3 each homemaker, flexible funds, case management, public service, in-home services, non-custodial services; 2 each psychiatric hospitalization/residential treatment, gun safety class, psychological evaluation; and 1 each alternative school, HUGS, day care, emergency food, parenting, anger management, restitution, FAST, JCCO, pre-trial diversion, etc.

22 of the 24 children who needed special education services (92%) received them.

All foster homes were adequate, and 6 of the 19 children (32%) were in foster homes that were very loving, nurturing foster homes making substantial efforts to meet their needs; 9 of the children in foster homes (47%) were in foster homes that were interested in adopting them.

For the 34 children who were not in family or kinship placements or on runaway, 19 children were in Davidson County (56%), 8 in Mid-Cumberland (24%); 2 YDCs out of region; and 5 were out of region.

Extracts had accurate critical information in all but 6 cases (88%); inaccurate information included: 4 wrong race; 1 wrong custody date; 1 wrong adjudication; 7 TNKIDS screens were inaccurate: 5 inadequate placement history; 1 no case manager; 1 wrong race.

Between the time cases were selected for review and the review was actually conducted, 10 cases (20%) experienced substantial increased activity: 4 HCCMs visited child; 2 children assigned adoption worker; and 1 each: HCCM contacted parent, HCCM contacted foster parent; child assigned new HCCM; child released from custody; adoptive placement.

Noteworthy Accomplishments

- A Center for Adoptions caseworker was involved with a child in a group program at an extremely high level, including visiting very regularly and attending school events, and identifying resources for a child to travel to visit siblings.
- A kinship foster parent who has some medical problems is providing exceptional care for a very large sibling group.
- A very skilled foster parent has accepted as a personal challenge dealing with an extremely difficult to manage child and sibling and continued to provide a stable placement over time.

Emerging System Performance Issues

Assessments were inadequate for 17 children (35%) because: 11 needed psychological evaluations that were not requested; 6 needed updated, complete social histories; 4 needed a psycho-educational assessment; 1 needed educational assessment; 1 child and 3 parents needed alcohol and drug assessments; 4 needed a parenting assessment; 3 parents needed psychological evaluations; 1 parent needed psycho-sexual assessment.

Permanency Plans were inadequate for 21 children (43%); issues inadequately addressed for the child included: 10 education; 8 behavioral/counseling needs; 6 medical issues; 3 sex abuse issues; 3 mental health needs; 2 alcohol/drug services; 2 safety/supervision; 2 sibling visitation; inadequately addressed issues for parents included: 5 parenting skills; 2 alcohol/drug services; 2 counseling; 1 housing assistance; 1 home living conditions; 1 psychological evaluation; 1 parenting program; 3 had no clearly defined permanency goal; 1 no permanency plan; 1 no timelines.

Coordination was inadequate for 24 children (49%), with inadequacies between the following: 14 HCCM and placement/service provider; 14 HCCM and family; 10 HCCM and child; 6 HCCM and school; 5 HCCM and service providers; 3 HCCM and contract agencies; 2 HCCM and court; and 1 each: HCCM and GAL; HCCM and relative placement; HCCM and RCM; and HCCM and adoption staff. In 25 cases (51%), there were reported difficulties in contacting the DCS HCCM on the part of families, placements or schools. Communication from the HCCM to family, school, GAL or child was hostile in 7 cases; in 12 cases (24%) HCCMs made negative comments regarding children, families or other parties involved in the case that reflected a lack of understanding of the barriers faced by children and families, or the responsibilities of other parties.

Caseloads ranged from 8 to 36 cases with an average of 23 for social services, from 11 to 20 with an average of 16 for adoptions; and 30 to 39 with an average of 35.5 for juvenile justice.

In 18 cases (37%), there were indications of insufficient supportive supervision of staff.

16 children (33%) had case managers who had been employed by DCS for less than 12 months.

In 14 cases (29%), DCS staff was not facilitating receipt of needed services for families and/or children.

16 children (33%) have experienced 4 or more placements, with the most being about 40, the average 8 and the median 6; only 10 children (20%) had experienced only one placement or only one placement following assessment.

15 children (31%) had been in custody too long: 5 (10%) needed adoption; 4 (8%) needed to go home; 3 (6%) needed to be released; 1 (2%) needed TPR; 2 (4%) other.

There were either delays in referrals or provision of inaccurate/inadequate information that resulted in delays in adoption for children involved with the Center for Adoption for 6 of the 8 cases (75%) referred to them.

12 children (24%) had been in custody multiple times, 10 – 2 times, 1 – 3 times, 1 – 4 times.

8 children (16%) had experienced HomeTies, and 6 children (12%) had family crisis intervention services, but still came into or returned to custody.

3 children ages 13+ (11%) and 1 child under age 13 experienced lengthy stays (30 days or more) in detention/emergency shelter/diagnostic shelter awaiting a placement, 1 of them two different times; the average was 52 days.

TennCare/TennCare Partners/EPSDT/DCS Issues included:

- TennCare has had difficulty providing payment to providers for 1 child and the placement is being billed for the services, and another child is also having billing problems; in both cases when contacts to the case manager were not successful, the DCS TennCare representative was contacted and efforts are underway to correct the billing problems.
- A child placed in Memphis has been referred to a specialist (pediatric ophthalmologist) in Jackson.
- For 1 child DCS has failed to obtain needed follow-up dental and medical services that were recommended in EPSDT.
- When TennCare Select began, 1 child placed out of county received a card for a new PCP in Nashville who was not a PCP; when the foster parent called TennCare for a change, she was told to call the DCS worker, had difficulty receiving a call back, talked to the supervisor, then the DCS TennCare representative, and it took 4 months to receive a new PCP assignment; in the interim the child needed a prescription, which was called in by the former PCP as a favor to the foster parents, friends of the former PCP, because of the absence of a PCP on TennCare Select.
- 1 child who needed an antibiotic prescribed by a pediatrician was denied it, so the foster parent paid for it rather than pursuing an appeal.

Critical Issues

- 35 children (71%) have parents with substance abuse issues; 20 children (41%) have both parents with substance abuse issues; for 25 of the children (51%) parents used crack/cocaine. 16 children ages 13+ (59%) have substance abuse issues, 12 children (44%) were poly substance abusers; 40 families (82%) have either 1 or both parents or the child with substance abuse issues.
- 33 children (67%) had little or no relationship with their fathers; 16 children (33%) had little or no relationship with their mothers.
- 28 children (57%) have parents who are or have been incarcerated, 4 for offenses against the child or a sibling, 4 for domestic violence.
- 28 children (57%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee and presenting increased placement and reunification challenges; 13 children (27%) were removed from relatives.
- 22 children (45%) had experienced domestic violence. 29 children (59%) have parents who have never been married to each other.
- 20 children ages 13+ (74%) are reportedly sexually active. 3 children ages 13+ (11%) were/have been pregnant or parents.
- 17 children (35%) were from homes below the poverty level. 12 children (24%) are from families that live in high crime areas.
- 13 children (27%) have parents who have been diagnosed with mental illness.
- 16 children (33%) had serious mental health diagnoses. 8 children ages 13+ (30%) and 2 children under age 13 had experienced psychiatric hospitalization; 5 children ages 13+ (19%) have experienced residential alcohol and drug services.
- 7 children ages 13+ (26%) had experienced suicidal ideations, 1 under age 13, and 2 of the 7 ages 13+ had attempted suicide, 1 attempted twice.
- 13 children (27%) were allegedly sexually abused; 5 involved incest (10%); 3 children ages 13+ (11%) were allegedly sexual perpetrators; 11 children were sexually acting out (22%), 5 were ages 13+ and 6 were under age 13. 12 children (24%) were allegedly physically abused.
- 6 children (12%) have deceased parents. 3 children (6%) have parents who are paralyzed.
- 4 children ages 13+ (15%) and 1 under age were allegedly involved in gangs. 5 children ages 13+ (19%) have had firearms charges.

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East Tennessee Region
Preliminary System Observations
August 3, 2001

Service System Strengths

All children except 1 (98%) were appropriate for custody at the time of custody.

All children except 2 (96%) had received an EPSDT screening, and 1 who had not received EPSDT ran the day of custody; 1 child was past due for a subsequent EPSDT screening; all children were receiving needed follow-up from the screenings.

Services were provided in an attempt to prevent custody for 32 children (65%), including: probation (15); counseling for child (9); CPS (11); alternative school (5); Crisis Intervention Team (4); homemaker services (4); non-custodial assessment (3); outpatient alcohol and drug services (2); psychiatric hospitalization (2); HomeTies (2).

All children who were not on runaway (95%) were in the least restrictive, most appropriate placement except 2; one child needed a more nurturing placement, and the other child needed more appropriate treatment at the same level of restrictiveness. When appropriate, efforts were made to place siblings together in all cases.

14 of the 24 children in foster homes (58%) were in very nurturing and supportive placements that were making extensive efforts to meet the child's needs, and were providing substantial individualized activities; 9 foster homes were adequate; 1 foster home was not appropriate for the child; 14 children were in foster homes that were interested in adopting them (58%); 4 children were in foster homes that were providing long-term placement/permanency without adoption.

20 children (41%) had experienced only one placement or only one placement following assessment.

Of the 32 children who were in foster or group placements, 11 (34%) were placed in their home county; 15 (47%) were placed within the region or Knox County; 5 (16%) were placed in RRMG placements; 1 was placed out of region/RRMG.

Schools were making efforts to provide special education services to 17 of the 19 children (89%) who needed them; 1 child who was placed in a state facility and had previously received special education was not provided needed services and consequently failed.

Extracts had accurate critical information in 39 cases (80%); inadequate issues included: wrong adjudication (4); wrong county (2); wrong date of birth (1); wrong race for 2 multi-ethnic/Hispanic children; wrong Social Security Number (1) wrong/incomplete name (1); for 3 of these cases, the TNKIDS screens had the same inaccuracies; 4 other TNKIDS screens had inaccurate/incomplete placement histories.

Between the time cases were selected for review and the review was actually conducted, there was substantial increased activity in 17 (35%) cases: revised/new Plan (4); released from custody (4); TPR Hearings (3); DCS contacted families (2); transferred county of venue (2); and 1 each new placement; filed for release; social history updated; psycho-educational evaluation; M-Team and IEP; corrected TNKIDS; DCS visited child; progress reports prepared; EPSDT screening; new case worker assigned; home pass; home based services initiated.

Noteworthy Accomplishments

- A foster family has provided exceptional care and advocated for needed services, especially with the school system, for a child with substantial therapeutic treatment needs.

Emerging System Performance Issues

Assessments were inadequate in 16 cases (33%); inadequacies included: no/outdated/wrong/incomplete social history (12); psychological evaluation needed but not requested (7); inadequate medical documentation (2); inadequate educational records (3); and 1 each needed: parenting assessment; EPSDT; parent psychological; adequate family information; emotional assessment; developmental assessment; 1 had no assessment.

Permanency Plans were inadequate in 24 cases (49%); deficiencies included: did not address child's current needs (18); did not address family needs (7); did not have appropriate target dates/timelines (4); generic; (3) no current/appropriate goal (3); no input/signatures from others (2) and 1 each: no DCS responsibilities; incomplete; no plan.

Coordination was inadequate for 16 children (33%); inadequate coordination was between: 6 HCCM and family; 5 HCCM and child; 4 HCCM and foster home; 2 HCCM and service providers; 1 HCCM and placement; 1 HCCM and relative placement; 1 HCCM and RCM; 2 no coordination.

18 children (37%) had been in custody too long: 7 needed adoption (15%); 5 needed termination of parental rights (10%); 3 needed to go home (6%); 1 need to be released (2%); 2 other (4%).

Average reported social services caseload was 22.8 and the median was 20 cases; 16 case managers interviewed reported having more than 20 cases.

23 children (47%) have caseworkers that have been with DCS less than 12 months. 5 children have not been seen by a DCS case worker in more than 30 days, ranging from 60 to 210 days, with the average being 108 and the median being 61.

17 children (35%) had experienced 4 or more placements, ranging from 4 to 31, with the median being 8 and the average being 10; 11 children (22%) had experienced 3 or more foster homes.

Truancy and/or other school behavior problems were factors in custody for 12 of the school-age children (39%).

Families for 9 of the 20 children who needed reunification services were not receiving them (45%); lack of transportation presented barriers to visitation and family reunification for 6 children; in 1 other case failure to include appropriate family as approved visitors prevented visitation between a teen mother who was placed in a state facility and her baby.

6 children (12%) received HomeTies or other intensive family preservation services but still came into or returned to custody; 4 children (8%) received Crisis Intervention Services but still came into custody.

3 children experienced excessive stays (more than 30 days) in detention/diagnostic shelter/emergency shelter, 2 after 10/1/99, ranging from 32 to 71 days, with an average of 58 days; 1 had multiple placements, group home, emergency shelter and primary treatment center.

In 1 case a child was adjudicated delinquent, but had no delinquent charges.

8 children (16%) had been in DCS custody 2 times; 1 child had 3 out-of-state custodies prior to this DCS custody.

1 child was sexually abused in a placement that was subsequently closed.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- 1 child with repeated ENT problems received only prescription medications and the PCP refused referral to a specialist so the relative placement got the child on private insurance and then the child had surgery that corrected the problems; DCS provided no assistance in negotiating TennCare to get needed services.
- The only dental provider identified for 1 child had an office that was unkempt and raised cleanliness/sanitation questions.
- DCS failed to apply for continuation of TennCare when 1 child transitioned home.
- 1 young child with severe dental problems did not receive needed services, even after 4 appeals, until a medical doctor wrote a letter indicating that serious medical problems could occur if untreated; then treatment was finally provided, so extensive it required hospitalization, and the delay has contributed to the child requiring ongoing antibiotics.
- 1 child was hospitalized and when released was referred to a specialist, but denied until a second appeal finally got approval to see a specialist for follow-up services after approximately three months.
- Several foster parents reported delays in receiving cards with the July 1 change in MCOs, and 1 reported receiving a card with only the last name of a doctor and no contact information; when the MCO was called in the middle of a weekday a recording indicated that it was closed.
- Several foster parents also reported concerns about inadequate networks with the changes and assignments to new PCPs resulting in lack of continuity of care.

Other Critical Issues

- 33 children (67%) have parents with substance abuse issues, 22 of them poly-substance users; 16 of the 32 children ages 13+ (50%) have/have had substance abuse issues, 12 were poly-substance users, 8 involving substances more serious than alcohol or marijuana; 2 children had over-dosed and required hospitalization. 4 of the 32 children ages 13+ (13%) were allegedly involved in gang activity.
- 31 children (63%) had parents who are or have been incarcerated. 10 children's parents were in custody as children (20%).
- 28 children (57%) had little or no relationship with their fathers; 18 children (37%) had little or no relationship with their mother; 3 children (6%) have a deceased parent.
- 20 of the 32 children ages 13+ (63%) and 1 under age 13 were reportedly sexually active; 9 children were sexually active while in custody; 3 children had sexually transmitted diseases. 4 children were parents.
- 19 children (39%) had experienced domestic violence in the home. 18 children (37%) have parents who were never married to each other.
- 17 children ages 13+ (53%) and 1 younger child were currently or had a history of runaway.
- 17 children (35%) came from homes with incomes below the poverty level; 7 children (14%) had experienced environmental/cultural deprivation.
- 18 children (37%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 17 children (35%) have a parent with a mental health diagnosis. 5 of the 32 children ages 13+ (16%) and 1 child less than 13 had experienced psychiatric hospitalizations; multiple hospitalizations included 1 with 2, 2 with 3, and 1 with 8. 10 of the 32 children ages 13+ (31%) and 1 child less than 13 had experienced suicidal ideations, 4 had attempted suicides. 1 child had attempted homicide.
- 14 children (29%) were allegedly sexually abused, 2 involving incest; 6 (12%) had siblings who experienced incest. 12 children (24%) were allegedly physically abused.
- 2 children were from adoptive homes that had disrupted.

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Hamilton County Region
Preliminary System Observations
February 26, 2001

Service System Strengths

46 of the 47 children (98%) were appropriate for custody at the time of custody.

Only 1 child had experienced problems receiving services under TennCare.

For children who were not on runaway, all children had current EPSDT medical screenings completed, 1 needed a behavioral screen, and all but 1 had recommended additional diagnostic tests and treatments provided.

No children had excessive stays (more than 30 days) in temporary placements since October 1999, and only 4 children had excessive stays before that time.

Efforts were made to place siblings together in all appropriate cases except 3.

Services, often multiple services, were offered/provided in an effort to prevent custody for 36 children (77%), including: 6 non-custodial assessment; 10 HomeTies; 15 counseling; 6 family crisis intervention; 6 probation, 5 case management; 3 alcohol/drug services for parent or child; 2 day care; 2 relative placement; and a variety of other services.

Excluding children who were on runaway status, all but 3 children (93%) were in the least restrictive, most appropriate placement; 2 needed less restrictive placement and 1 needed a different placement at the same level of restrictriveness.

6 of the 17 children in foster homes (35%) were in exceptional foster homes that were going above and beyond to ensure that needs were met; 8 (47%) were in adequate foster homes; 2 children were in foster homes that were adequate, but not appropriate for that child; 1 was in a foster home that was questionable. 5 children were in the process of being adopted by foster parents and 2 children were in family placements that expressed interest in adopting.

For those children not in family placements (11) and not on runaway status (3), 16 were placed within Hamilton County (48%); 8 in Knox County (24%); 4 in Southeast Region (12%); 3 in Middle Tennessee (9%); and 1 at an RRMG placement in East Tennessee.

10 children (21%) had experienced only 1 placement or only 1 placement following assessment.

Special education needs are being addressed for 13 of the 15 children whose needs have been identified (87%); 2 have needs that have not been identified or addressed.

In addition to foster care review, 24 children (51%) had judicial reviews of their cases to monitor progress and services.

Court records were thorough and well organized for all but 3 children (94%); 29 children (62%) had a CASA/GAL/attorney assigned to their cases.

Extracts had accurate critical information in all but 2 cases (96%), with inaccuracies including 2 incorrect custody dates; 1 incorrect race.

Between the time cases were selected for review and the review was actually conducted, there was substantial increased activity in 9 cases (19%), including: 2 children had counseling arranged; 2 had EPSDT completed; 2 aides in classrooms; and 1 each GAL visit; HCCM visit; HCCM contact with contract case manager; trial home visit; adoption finalized; pre-placement summary completed; permanency plan completed; IEP/M-Team.

Noteworthy Accomplishments

1 child's foster parents became foster parents just for this child and have provided exceptional support for the child.

1 child's case is exceptionally well coordinated and is a good example of effective community resources working together to maintain a difficult and needy child in placement.

Emerging System Performance Issues

22 children (47%) have experienced a new RCM or HCCM within the last 12 months. 20 children (43%) have case managers who have been employed by DCS for 12 months or less. 25 children (53%) had a HCCM who had more than 25 cases, but the average caseload was 24.5.

16 children (34%) had inadequate assessments: including 8 with no, inadequate or out-of-date social histories; 5 were missing psychological evaluation reports; additional assessments needed included: 5 psychological evaluations; 5 psycho-educational evaluations; 2 neuro-psychological evaluations; 2 alcohol and drug assessments; 1 parenting assessment; 2 vocational assessments.

23 children (49%) had inadequate Permanency Plans due to failure to adequately address: child's current needs/circumstances (18); family needs (9); no/ incorrect/inadequate goals for permanency (6); no target dates (1).

16 children had inadequate coordination (34%) with the coordination inadequate between the following: HCCM and RCM (10); HCCM and foster home (7); HCCM and placement (6); RCM and placement (3); HCCM and family (2); HCCM and court (1).

In a majority of cases there appeared to be a substantial lack of effective and supportive supervision.

20 children (43%) have experienced 4 or more placements, ranging from 4 to 24 placements, with an average of 9 and a median of 8 placements.

10 children had received HomeTies but still came into or returned to custody; 5 children received Crisis Intervention Team services but still came into custody.

11 children (23%) have been in custody multiple times: 8 two times; 1 three times; 1 five times; and 1 multiple times in the 1980s.

Truancy or other school problems were major factors contributing to custody for 9 of the 40 school age children (23%).

3 children were allegedly sexually abused in foster homes; 2 children were allegedly physically abused in two different foster homes; 2 children were experiencing emotional abuse in a foster home.

TennCare/TennCare Partner/EPSDT Issues:

- 1 child experienced difficulty in receiving medical and dental services due to an inadequate provider network.
- 1 child had difficulty getting an antibiotic covered, appealed, and it was covered and even added to the formulary.

Other Critical Issues

- 37 children (79%) had little or no relationship with their fathers; 14 children (30%) had little or no relationship with their mothers.
- 36 children (77%) have parent(s) with substance abuse issues, 11 of them both parents (23%); 17 children's parents (36%) were using crack/cocaine.
- 31 children (66%) were from homes/families living below the poverty level.
- 31 children (66%) have parents who are or have been incarcerated.
- 30 children (64%) were from sibling groups of more than 3 children, larger than the average family in Tennessee.
- 26 children (55%) were born to biological parents who were not married.
- 18 children (38%) are from families that live in high crime areas.
- 18 children (38%) had experienced domestic violence.
- 16 children (34%) were allegedly physically abused.
- 15 children (32%) were allegedly sexually abused; 3 children (6%) were allegedly involved in incest.
- 14 children (30%) were environmentally/culturally deprived.
- 11 children ages 13+ (44%) had experienced psychiatric hospitalizations, with multiple hospitalizations including 3 with 2; 1 with 3; 3 with 4; 1 with 5; 1 with 11; and 1 with 12; 1 child under 13 has had 2 hospitalizations.
- 11 of the 25 children who are ages 13+ (44%) had substance abuse issues; 13 (52%) used tobacco.
- 10 children (21%) have a diagnosed learning disability other than ADHD/ADD; 4 children (9%) are/have a history of ADHD/ADD.
- 10 children (21%) are diagnosed as mentally retarded or with borderline intellectual functioning.
- 8 children ages 13+ are sexually active (32%).
- 8 children (17%) had experienced abandonment.
- 7 children (15%) had parents in custody as children.
- 7 children ages 13+ (28%) have had suicidal ideations and 2 have attempted suicide; 1 under age 13 has had ideations.
- 6 children (13%) are/have been diagnosed SED.
- 5 children (11%) were substance exposed prenatally.
- 4 of the children who are ages 13+ (16%) allegedly are/have been involved in gang activity.
- 2 children (4%) have parents diagnosed mentally ill, and 2 (4%) have parents diagnosed as mentally retarded.
- 3 children had experienced adoptive or pre-adoptive placement disruptions.

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Knox County Region
Preliminary System Observations
November 20, 2001

Service System Strengths

All children had received EPSDT screening and follow-up, if needed.

Efforts were made to place siblings together in all appropriate cases except 1.

All children except 2 (96%) were appropriate for custody at the time of custody.

All children who were not on runaway except 1 child (98%) were in the least restrictive, most appropriate placement; 1child needed a less restrictive placement.

36 children (77%) had caseworkers that had more than 12 months experience as a HCCM; only 11 children (23%) had caseworkers with less than 12 months experience as HCCM.

Assessments were adequate for 33 children (70%); inadequacies included: 1 no social history; 6 inadequate/incomplete/out-of-date social histories; other needed evaluations: 5 psychological evaluations; 2 parent psychological evaluations; 2 child psycho-sexual evaluations; and 1 each: reading assessment; A&D assessment; psycho-educational evaluation, parent psycho-sexual evaluation; family assessment, and parenting assessment.

Permanency plans were adequate for 34 children (72%); inadequacies included failure to address the following needs: 5 child's educational; 2 behavioral; 2 independent living skills; 3 intensity level of sexual perpetrator issues; 3 child/community safety; 1 A & D; 1 child's mental health; 2 parent mental health treatment; 1 housing assistance; 1 child/family strengths; 1 extended family; 1 inappropriate permanency goal; 1 lacked clearly defined permanency goal; 1 no goals for adoption; and 1 no action plan for permanency.

Coordination was adequate for 35 children (74%); with inadequacies between: 5 HCCM and parent; 6 HCCM and placement/facility; 2 HCCM and caregiver; 2 HCCM and child; 2 HCCM and school; 1 HCCM and service provider; and 1 HCCM and court.

14 of 18 children (78%) who needed special education services were receiving them.

Of the 34 children who were not in family, paid kinship placements, or on runaway, 22 children (59%) were placed in Knox County; 5 children (14%) were in the East Tennessee Region; 3 were outside the grand region; 2 in RRMG placement; 1 in specialized school; and 1 in specialized placement out of state.

26 of 47 children (55%) had services, often multiple services, provided in an effort to prevent custody, including: 13 individual/group counseling; 10 child protective services; 9 probation; 6 alcohol/drug counseling/treatment; 6 Family Crisis Intervention Program; 5 relative placement sought; 5 Home Ties; 4 intensive case management; 3 PASAC; 3 non-custodial assessment; 2 psychiatric hospitalization; 2 alternative school; 2 Family Intact Program; and 1 each: community service, CHAPS, First Offender Program, homebound education, safety plan, public housing, One-to One Program, Young Marines Program, relative placement, psychological evaluation, homemaker, emergency food assistance, day treatment, and daycare.

Foster homes provided exceptional care for 11 of the 17 children in foster homes (65%), providing loving, nurturing placements, and making substantial efforts to ensure that children received individualized and needed services; the other 6 children were in adequate foster homes. Foster parents were interested in adopting 11 of the children in foster homes (65%); one has been finalized.

34 children (72%) had a guardian ad litem appointed; in 15 cases the GALs had stayed involved and provided ongoing advocacy as needed.

Average reported social services caseload was 15 and the median was 15 cases; juvenile justice caseloads averaged 41.7 and the median was 43.5; 1 caseworker had 28 foster care and ICPC cases.

Extracts had accurate, critical information in all but 7 cases (85%); inaccurate information included: 2 wrong race; 2 adjudication; 1 wrong SSN; 1 wrong case manager; 1 incorrect county of venue. 5 TNKids screens had inaccurate information: 1 wrong race (also on extract); 2 wrong adjudication; 1 incomplete placement history; and 1 wrong relationship information.

Between the time cases were selected for review and the review was actually conducted, 7 cases (15%) experienced substantial increased activity, including: 2 Permanency Plans; 2 children moved to family placement; 1 permanency plan revised and faxed to placement; 1 child moved to a more appropriate placement; 1 child released; and 1 HCCM contact with relative.

Noteworthy Accomplishments

- Foster parents for 1 child were providing support services to incorporate multi-ethnic education to ensure the child was given a sense of ethnic origin and had obtained assistance in developing a comprehensive remedial education program to improve child's academic performance.
- One young family became a foster home for a child, providing tremendous support services, actively advocating, and planning to adopt.
- In 1 case a residential case manager was making substantial efforts to maintain contact between reviewed child and siblings for family unity.

Emerging System Performance Issues

28 children (60%) had experienced 4 or more placements; the average was 8 and the median was 12; just 10 children (21%) had experienced only 1 placement or 1 placement following assessment.

8 children (17%) had excessive stays (30 days or more) in temporary placements; 6 after October 1, 1999; 2 prior to October 1, 1999; the average was 55, and the median was 60 days.

8 children (17%) have been in custody too long: 2 needed to be adopted, 1 needed termination of parental rights; 1 needed to be released; 3 missed the window of opportunity, and 1 other.

5 children (11%) received HomeTies and 6 children (13%) received family crisis intervention services but still came into or returned to custody.

Truancy/school behavior problems/special education issues were factors that led to custody for 4 school-age children (12%).

10 children (21%) were in custody for the second time.

3 children were allegedly sexually abused in placement; 1 child was sexually abused in a placement that was subsequently closed. 1 child was allegedly physically abused by another child in a placement that was subsequently closed. 2 children in group placements were allegedly physically abused by use of restraints.

1 child experienced a change in HCCM and an adverse placement change right before the CPORT review without adequate preparation for transition. There were also indications of insufficient transition preparation for other children when moving from one placement to another.

In 5 cases perpetrators were not prosecuted for child abuse or sexual abuse, even in severe cases.

TennCare/TennCare Partners/MCO/BHO/EPSDT issues included the following:

- 1 young child requiring extensive dental work, including several extractions, has not been able to obtain pre-authorization for the dental procedure and been advised that it would be 4 to 6 more weeks before pre-authorization is approved.
- 1 child who is medically fragile needed a neurologist but there was none taking TennCare Select. The contract facility appealed to TennCare and the former neurologist is now seeing the child.
- 8 children were adversely affected by the conversion to TennCare Select due to an inadequate provider network for primary care providers (PCPs); 2 children experienced delays identifying a PCP. Reportedly there were insufficient/no PCPs for children ages 13+.
- The only local clinic that sees TennCare Select children scheduled a 9:00 p.m. sick child appointment, and reportedly the only physician at the clinic who takes TennCare Select has now left the clinic.
- DCS casemanager has not been able to secure a TennCare Select card for 1 child since conversion to TennCare Select and has reportedly notified the DCS TennCare representative.

Critical Issues:

- 37 children (79%) had little or no relationship with their fathers; 18 children (38%) had little or no relationship with their mothers.
- 30 children (64%) have parents who are or have been incarcerated.
- 24 children (51%) have parents who were never married to each other.
- 22 children (47%) had experienced domestic violence.
- 21 children (45%) have parents who have/have had substance abuse issues; 19 children's parents (40%) were poly-substance abusers; both parents were poly-substance abusers for 6 children (13%).
- 19 children (40%) were allegedly sexually abused, 10 children (21%) allegedly experienced incest.
- 5 children ages 13+ (18%) and 1 child under 13 were sexual perpetrators.
- 18 children (38%) were from sibling groups of 3 or more.
- 17 children (36%) came from homes below the poverty level; 3 children (6%) were environmentally/culturally deprived.
- 16 children (34%) were physically abused.
- 14 children (50%) age 13+ have substance abuse issues; 11 (39%) were poly-substance abusers; 2 were dealing drugs.
- 12 children ages 13+ (43%) and 2 very young children under age 5 had experienced psychiatric hospitalization.
- 11 children ages 13+ (39%) had experienced suicidal ideations; 3 had attempted suicide.
- 10 children ages 13+ (36%) had serious mental health issues including: 2 schizophrenia; 2 PTSD; 2 reactive attachment disorder; 2 personality disorder; 2 severe depression; 2 dysthymia; 1 anxiety disorder, and 1 bipolar disorder.
- 4 children (9%) were removed from relatives at the time of custody.

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Mid Cumberland Region
Preliminary System Observations
September 28, 2001

Service System Strengths

All children who were not on runaway had received EPSDT screening.

All children who were not on runaway except 2 (96%) had been visited by a DCS case manager within the last 30 days; those 2 children had not been seen in about 4 months.

All but 4 children (92%) were appropriate for custody at the time of custody.

Efforts were made to place siblings together when appropriate in all but two cases.

All but 6 children (89%) who were not on runaway were in the least restrictive, most appropriate placements; 3 needed less restrictive placements; 2 needed more restrictive placements; 1 child needed a more appropriate placement at the same level of restrictiveness.

Coordination was adequate for 39 children (80%); when it was inadequate, it was: 6 between HCCM and placement; 4 HCCM and parents; 3 HCCM and child; 2 HCCM/DCS and court; and 1 each: HCCM and CASA; DCS RCM and placement; DCS RCN and parent; DCS RCM and all other parties.

32 children (65%) had substantial services provided in an effort to prevent custody, including: 16 probation; 15 counseling for child; 8 relative placement explored or utilized; 8 non-custodial assessment; 8 CPS/safety plan; 8 public/community service; 6 alternative school; 7 crisis intervention; 5 house arrest; 4 intensive home-based services; 3 alcohol and drug assessment; 3 HomeTies; 3 JCCO; 2 outpatient substance abuse services; and 1 each: day treatment; intensive case management; restitution; RASAC services; CASA; valid court order; report writing; YCAP; psycho-sexual evaluation; psychological evaluation.

11 of the 16 children who were in foster homes (69%) were in very loving, nurturing, supportive foster homes focused on meeting the children's needs; 5 other children were in adequate foster homes; 11 of these children were in foster homes that were interested/willing to adopt them (69%).

For the 31 children who were not in family placements or on runaway: 13 children (42%) were placed within their home county; 14 children (45%) were placed within the Mid-Cumberland CSA or Davidson County; 3 children (10%) were in RRMG placements out of the area; 1 in an adoptive placement.

10 of the 12 children (83%) who needed special education services were receiving services.

Reported social service caseloads ranged from 11 to 30 with the average being 21 and the median being 20; reported juvenile justice caseloads ranged from 13 to 47 with the average being 27 and the median being 24.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues were minimal in this region, but those identified included the following:

- 1 child with a chronic medical condition experienced a two-month delay in getting on TennCare, during which time a local assistance program had to provide medications and durable medical equipment.
- 1 child's dental screening revealed no problems, but when taken to a private pro bono dentist about a month later, 3 cavities and the need for substantial orthodontic services were identified. 2 children had difficulties with an inadequate dental provider network.
- 1 child with substantial mental health service needs had TennCare terminated when released from custody and no efforts were made to assist the relative placement in applying for TennCare under other eligibility categories. The child's mental health benefits under insurance prior to custody had been exhausted, resulting in placement in custody to access mental health services. Relative expressed intent to appeal based on TennCare information sheet distributed by CPORT.

Extracts had accurate information in all but 6 cases (12%), inaccuracies included: 5 incorrect race; 1 incorrect custody date; 5 cases reflected the wrong county of venue because Trousdale County is reported for all cases assigned to the Center for Adoption.

Between the time cases were selected for review and the review was actually conducted, 17 cases (35%) experienced substantial increased activity, including: 4 permanency plans updated; 4 placements changed; 2 updated social history; 2 hearings scheduled; and 1 each: caseworker visited child; caseworker scheduled a visit with a child; assigned adoption worker; adoption staffing; records sent to adoption unit; foster parents encouraged to adopt; filed for release from custody; GED pre-test; Foster Care Review Board; dental screening; dental screening scheduled; 1 psychological evaluation; placement referral; therapist visited child.

Noteworthy Accomplishments

- An orthodontist is providing free services for a child who has substantial treatment needs.
- Former foster parents continue to serve as mentor for a child who has moved into a kinship placement, involve the child in family vacations and bought the child a computer.
- Therapist at a PTC was instrumental in getting counseling at the level needed to keep a child from requiring a more restrictive placement and custody for a longer period of time.

Emerging System Performance Issues

26 children (53%) have had changes in assigned case manager within the last 12 months, 11 of these within the last 3 months; 17 children (35%) had case managers with less than 12 months experience, but 1 of these was formerly with the CSA and carried the child's case there.

Assessments were inadequate for 19 children (39%); deficiencies included: 8 incomplete/inadequate social history; 6 children needed psychological evaluations; 4 needed parent assessment; 3 needed parent psychological evaluation; 3 needed psycho-educational assessment; 3 psycho-sexual evaluation of child; and 1 each for the child: no assessment; no social history; alcohol and drug assessment; psycho-social evaluation; speech and development evaluation; medical/physical evaluation; case record had no copy of a psychological.

13 children (27%) had inadequate Permanency Plans with deficiencies including: failure to address child's needs as follows: 5 educational needs; 4 emotional/mental health needs; 2 speech therapy; 2 sexual activity; 2 independent living; 2 substance abuse issues; 2 vocational needs; 1 medical needs; failure to address parent's needs as follows: 3 parenting skills; 2 counseling; 1 substance abuse issues; 2 had inappropriate permanency goals; 1 had insufficient or unclear action steps; 1 had no target dates; 1 was incomplete.

26 children (53%) had four or more placements: 7 had 4 placements; 5 had 5 placements; 3 each 6, 7 and 8 placements; and 1 each 11, 12, 16, and 19 placements; the average and the median for these children was 7 placements. Only 6 children (12%) had experienced only one placement or only one placement since assessment.

Truancy or other school problems was a major factor in custody for 10 school-age children (26%) from the following counties: 3 each Sumner, Montgomery; 2 Robertson; 1 each Williamson and Wilson.

14 children (29%) have been in custody too long: 6 needed to be released; 5 needed adoption; 2 needed TPR; 1 other.

25 children had a GAL, but only 10 made a significant positive impact; 8 children had a CASA, but only 3 made a significant positive impact.

3 children had stays of more than 30 days in temporary placements, ranging from 42 to 96 days; 1 child was in emergency shelter 115 days during a previous custody in 1999, then returned home, and came back into custody 11 months later on the same charges.

13 children (27%) had been in custody multiple times: 11 twice, 2 three times.

8 children (16%) had experienced inappropriate placements that had an adverse impact on them.

7 children received family crisis intervention services, but still came into custody; 3 children had experienced HomeTies services, but still came into custody.

Critical Issues

- 31 children (63%) had little or no relationship with their fathers; 15 children (31%) had little or no relationship with their mothers.
- 29 children (59%) have parents who are currently or have been incarcerated - 17 children's parents (35%) for alcohol/drug offenses.
- 28 children (57%) have parents with substance abuse issues; 21 were poly-substance users.
- 23 children ages 13+ (68%) were sexually active.
- 20 children (41%) were from sibling groups of three or more.
- 17 children ages 13+ (50%) have/have had substance abuse issues.
- 17 children (35%) were allegedly sexually abused, 3 perpetrators were prosecuted and convicted; 6 children (12%) had experienced incest.
- 16 children (33%) had experienced domestic violence.
- 15 children (31%) were allegedly physically abused.
- 15 children (31%) had experienced a sense of abandonment.
- 14 children (29%) were from homes/families living below the poverty level. 6 children (12%) had experienced environmental deprivation.
- 14 children ages 13+ (41%) are currently or have a history of runaway behavior.
- 12 children ages 13+ (32%) have experienced suicidal ideations/gestures or attempts.
- 12 children ages 13+ (24%) had serious mental health diagnoses, mostly major depression.
- 11 children ages 13+ (32%) had experienced psychiatric hospitalization; 4 had multiple hospitalizations, 2 two times.
- 7 children (14%) have parents who have been diagnosed with mental illness.
- 5 children ages 13+ (15%) were allegedly involved in gang activity.
- 4 children ages 13+ (12%) were either parents or were or had been pregnant.
- 3 children (6%) were exposed prenatally to drugs or alcohol.
- 3 children (6%) were adopted years ago when they were in custody as dependent/neglected children.

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Northeast Region
Preliminary System Observations
June 29, 2001

Service System Strengths
All children except 2 (96%) were appropriate for custody at the time of custody.

All but 6 children who were not on runaway (86%) were in the least restrictive, most appropriate placement; 3 needed less restrictive placements; 2 needed a more appropriate placement at the same level of services; 1 needed a more restrictive placement.

All children had received EPSDT medical screening and follow-up, if needed, but 3 children had not received dental screening.

Efforts were made to place siblings together when appropriate in all except 1 case.

18 of the 22 children who needed special education services were receiving them (82%).

6 of the 8 children who were in continuum placements (75%) were receiving needed services.

33 children (69%) received service interventions in an effort to prevent custody, including: 13 probation; 12 counseling; 2 relative placement; 7 juvenile-family crisis intervention; 3 intensive home-based services; 3 homemaker services; 5 HomeTies; 3 non-custodial assessment; and a variety of others. All children except 1 who were adjudicated delinquent received services in an attempt to prevent custody.

Coordination for continuity of services was adequate for 37 children (77%); when coordination was inadequate, it was between: 5 HCCM-placement; 4 HCCM-family; and 1 each HCCM-court, service provider, contract agency, and child, and 1 contract agency and foster parent.

Assessments were adequate for 36 children (75%); issues with inadequate assessments included: 7 no/inadequate social history; 4 children needed psychological evaluation; other needed assessments include: 2 psychiatric; 1 psycho-educational; 1 alcohol and drug; 1 vocational; 1 parent psychological evaluation. 23 children (48%) had exceptional, thorough, detailed social histories.

Permanency Plans were adequate for 36 children (75%); issues with inadequate Permanency Plans included: 8 did not address the needs of the child; 4 did not include strategies to achieve the goal; 3 did not address family needs; 1 was vague/generic; 1 had no plan.

14 children (29%) had experienced only one placement, or only one placement following assessment.

15 of the 23 children in foster homes (65%) were in foster homes that were really committed to them: extremely nurturing and supportive; making substantial efforts to meet their needs; sometimes taking sibling groups; 7 foster homes were adequate; 1 child was in a foster home that appeared inadequate; 14 children were in foster homes that were interested in adopting them.

For the 38 children who were not on runaway or in family placement: 16 (46%) were placed within the home county; 14 (40%) were placed within the CSA region; 6 (17%) were in East Tennessee; 2 were in Davidson County.

Extracts had adequate critical information in all but 6 cases (88%); inaccurate or missing information included: 4 incorrect race; 1 incorrect adjudication; 1 incorrect custody date; 1 incorrect county. Screens had accurate information for all but 8 cases; inaccurate items included: 3 placement history; 2 race; 2 county; 1 adjudication.

Between the time cases were selected for review and the review was actually conducted, 8 cases (17%) experienced substantial increased activity, including: 2 revised permanency plans; and 1 each: staffing/discharge planning; medical services; TennCare denial appealed; dental services scheduled; went home; visited child; social history; moved to placement closer to home; HCCM-RCM communication; CASA called placement.

Noteworthy Accomplishments
Foster parents are providing exceptional care and advocacy for 4 children who came into custody with substantial problems and in 3 cases foster families are planning adoption.

A house parent is providing exceptional efforts to prepare a child for independent living even though not part of the plan/expectations.

Emerging System Performance Issues

20 children (42%) have case managers who had been with DCS twelve months or less. 21 children (44%) have had a change in case managers in the last 12 months.

33 of 38 social service HCCMs (87%) reported caseloads larger than 20; the average number of cases was 24; 1 had large adoption assistance caseloads in addition to HCCM responsibilities.

2 children reportedly had not been seen by a DCS case manager within the past 30 days, 1 for 90 days and 1 for 120 days.

11 children (23%) had been in custody too long: 4 (8%) needed TPR; 3 (6%) needed to be released; 1 (2%) needed to be adopted; 1 (2%) needed to go home; 2 (4%) other.

5 children ages 13+ (17%) spent too much time (more than 30 days) in emergency placements awaiting placement; 3 of these were after 10/1/99, with the average and the median being 47 days. 3 children were placed in the Observation and Assessment Center, 2 of them for 62 days, 1 for 35 days.

21 children (44%) had experienced 4 or more placements, ranging from 4 to 30 with the average being 7 and the median being 5.

Truancy was a factor contributing to custody for 10 of the school-age children (26%).

5 children received HomeTies services and 7 children received crisis intervention services, but still came into custody.

5 children (10%) were in custody for the second time, and 1 child for the third time. 2 additional children had experienced multiple custodies in another state.

1 child was reportedly physically and emotionally abused in placement and moved from that placement; 1 child was reportedly physically abused and still in the placement; 1 child was reportedly involved in inappropriate sexual activity with a sibling in placement, so the siblings were separated.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- TennCare has denied coverage for a child who needs a permanent dental bridge or implant for health/mental health reasons, but the denial is being appealed.
- Delays in a child receiving dental services due to an inadequate provider network resulted in teeth abscessing so badly that antibiotics were required for a week before treatment could be provided (teeth extracted).
- 2 children had delays in receiving dental services due to an inadequate provider network.
- The correct MCO was not identified for a child with substantial health needs; the child has been seeing a provider who is not in the correct network, and now there are concerns about provider continuity and DCS having to pay for services received.

Critical Issues

- 34 children (71%) had little or no relationship with their fathers, and 12 (25%) have unknown fathers or never had contact with fathers.
- 14 children (30%) had little or no relationship with their mothers. 16 children (34%) have parents who were never married to each other.
- 31 children (65%) have parents who are or have been incarcerated.
- 30 children (63%) have parents with substance abuse issues.
- 16 children ages 13+ (53%) and 1 child under age 13 have substance abuse issues; 12 are poly-substance abusers.
- 24 children (51%) were from sibling groups of three or more.
- 21 children (44%) have experienced domestic violence in the home.
- 18 children (38%) were from homes below the poverty level.
- 17 children (35%) were allegedly sexually abused; 10 (21%) had experienced incest; 3 others (6%) had siblings who experienced incest.
- 16 children (33%) had a parent diagnosed as mentally ill; 11 children (23%) have a parent who is both mentally ill and has substance abuse issues. 4 children (8%) had parents who were mentally retarded.
- 15 children (31%) were allegedly physically abused.
- 16 children ages 13+ (53%) were reportedly sexually active; 5 children (17%) were allegedly sexual offenders.
- 13 children (27%) are from families that moved from county-to-county or state-to-state.
- 13 of the children ages 13+ (43%) and 1 child under age 13 had a history of psychiatric hospitalization, 9 had multiple hospitalizations: 4 had 2; 2 had 3; 1 had 4; 1 had 5; and 1 had 13.
- 12 children (25%) were environmentally/culturally deprived.
- 11 children (23%) have parents who were in custody as children.
- 8 children (17%) had been diagnosed with a learning disability.
- 8 children ages 13+ (27%) had suicidal ideation; 3 had attempted suicide; 1 had a parent commit suicide.
- 7 children (23%) have a history of runaway behavior; 3 other children are currently on runaway from their first episode.
- 6 children ages 13+ (20%) reportedly had been involved in gangs.
- 6 children ages 13+ (20%) had assaulted family members.
- 2 children reviewed were born to mothers in custody.

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Northwest Region
Preliminary System Observations
August 29, 2001

Service System Strengths

All children who were still in custody had been visited by a case manager within the past 30 days.

All children had received EPSDT screening and recommended treatment or follow-up services.

Efforts were made to place siblings together in all cases when it was appropriate except 1.

All except 2 children (95%) were appropriate for custody at the time of custody.

All except 3 children (93%) were in the least restrictive, most appropriate placement; 2 needed a more restrictive placement; 1 needed a more appropriate placement at the same level of restrictiveness.

Assessments were adequate for 32 children (73%); inadequacies included 1 inadequate social history; other needed evaluations: 5 psychological evaluations; 4 psycho-educational; 2 A&D assessment for child; 2 A&D assessment for parent; and 1 each: family assessment; parenting assessment; psychiatric evaluation; psycho-sexual evaluation.

All children except 2 (95%) had adequate social histories, and 21 children (48%) had social histories that were above average, clear, concise, providing substantial detailed information.

Coordination was adequate for 36 children (82%), with inadequacies between: 5 HCCM-placement; 2 placement and family; 2 DCS-court; and 1 each: HCCM-child; HCCM-parents; HCCM-service provider; HCCM-RCM; RCM-placement.

31 children (70%) had case managers providing continuity and having a good working knowledge of the child, family, and service needs; only 2 children (5%) had a case manager who has been with DCS for 12 months or less.

32 children (73%) received substantial services in an attempt to prevent custody, including: 15 counseling; 13 HomeTies; 12 county/state/intensive probation; 8 child protective services; 6 day treatment/alternative school; 6 crisis intervention; 5 in-home services; 4 psychiatric hospitalization; 3 alcohol and drug services; 3 restitution; 3 pre-trial diversion; 2 non-custodial assessment; 2 house arrest; 2 community service; 2 homemaker; 2 TEIS; 2 Family Resource Center; 2 residential treatment; 2 day care/HeadStart.

All foster homes were adequate except 1; 10 children were in exceptional, loving, committed foster homes; 11 children were in foster homes that were interested in adopting them.

13 of the 17 children who needed special education services (76%) were receiving needed services.

Reported caseloads were generally manageable with the average being 18 for social services and 23 for juvenile justice.

Extracts had accurate critical information in all except 6 cases (86%); inaccurate information included: 3 wrong race, also wrong on the TNKids screen; 2 wrong county of venue, both adoption cases; and 1 each wrong custody date and date of birth; 7 TNKids screens had incomplete placement histories.

Between the time cases were selected for review and the review was actually conducted, 13 cases (30%) experienced substantial increased activity, including: 3 returned home/released to relatives; 3 updated social histories; 2 revised/updated permanency plans; and 1 each: discharge staffing; released from custody; case manager visited child; child visited sibling; school records acquired; pre-placement summary updated.

Noteworthy Accomplishments

- The HCCM for 1 child made diligent efforts to ensure that the child was returned home in time to become acclimated to the community before school started.
- Foster parents stayed involved with a child and the child's family when released from custody, and immediately provided a placement for the child and a sibling upon re-entering custody.
- Two children are being adopted by families who became foster parents just for them and one foster family is making exceptional efforts to maintain contact with the child's sibling with the possibility of adopting the sibling as well.

Emerging System Performance Issues

Permanency Plans were inadequate for 22 children (50%); inadequacies included: 15 did not address current needs of child; 5 did not address current needs of family; 5 had no clear strategies to achieve the goal; 2 had no clear permanency goal; 2 had no target dates to achieve permanency.

15 children (34%) had been in custody multiple times: 12 twice, 2 for the third time, 1 for the fifth time; 6 of the 12 children adjudicated delinquent (50%) were on at least their second commitment.

14 children (32%) had experienced 4 or more placements, with the average and the median being 5; 14 children (32%) had experienced only 1 placement or 1 placement since assessment.

13 children (30%) received HomeTies and 6 children (14%) had crisis intervention services but still came into or returned to custody.

For the children not in family placements: 6 were placed in home county (20%); 8 within the Northwest Region (27%); 7 in RRMG placements in Southwest or Memphis (23%); 2 at Wilder (7%); 1 at another YDC; 4 (13%) in placements outside of West Tennessee.

Truancy or other school behavior problems was an issue contributing to custody for 14 of the school-age children (42%).

7 children (16%) had been in custody too long; 3 (7%) needed adoption; 1 needed to be released; 3 had missed the window of opportunity.

2 children reportedly received corporal punishment in foster homes; 1 child is in a foster home where the child is experiencing rejection; 1 child was moved from a foster home after the child had literally prayed for a new placement.

TennCare Partners/EPSDT/MCO/BHO issues identified for the children in this sample:

- The change to TennCare Select has resulted in the loss of the PCP medical home for 1 child.
- 1 child experienced excessive delays of hours while waiting to see a PCP.
- 1 child has been denied approval for acne medication, and an appeal is under consideration.
- Following release from custody, 1 child's mother was unclear how to get her child transferred from TennCare Select to his previous TennCare coverage.

Critical Issues

- 31 children (70%) have parents with substance abuse issues; 14 children's parents (32%) were poly-substance abusers. 13 children ages 13+ (43%) have substance abuse issues, 5 involving drugs more serious than alcohol or marijuana.
- 29 children (66%) have parents who are or have been incarcerated.
- 26 children (59%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 25 children (57%) have little or no relationship with their fathers; 12 children (27%) have little or no relationship with their mothers.
- 16 children's parents (36%) were never married to each other; 12 children's parents (27%) had been married three or more times.
- 16 children (36%) had experienced domestic violence.
- 16 children (36%) had serious mental health diagnoses, including: 10 mood disorders; 2 borderline personality disorders; 2 intermittent explosive disorder; 1 psychotic NOS; 1 bipolar; 1 anti-social; 1 narcissistic. 9 of the children ages 13+ (30%) had experienced psychiatric hospitalizations; 6 had multiple hospitalizations, 3 had 2, 2 had 3, 1 had 6.
- 14 children (32%) were from homes living below the poverty level.
- 13 children (30%) allegedly had been physically abused.
- 12 children (27%) have a parent(s) diagnosed with a mental illness: 5 bipolar; 4 schizophrenia; 3 depression.
- 12 children (27%) experienced suicidal ideations, 1 under age 13; 6 of the children ages 13+ (20%) had made suicidal attempts.
- 10 children (23%) experienced the death of a person with whom they had a significant relationship.
- 9 children (20%) had committed offenses against persons.
- 10 children (23%) allegedly had been sexually abused; 5 children (11%) allegedly were the victims of incest, and 3 other children (7%) had siblings who allegedly were the victims of incest.
- 8 children (18%) were allegedly involved in gang activity. 1 child was a sexual offender.

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South Central Region
Preliminary System Observations
October 23, 2001

Service System Strengths

All except 2 children (96%) were appropriate for custody at the time of custody.

All children (except 1 who had EPSDT scheduled later in October) had received EPSDT screening and recommended treatment or follow-up services. 1 child is apparently 9 months overdue for an annual EPSDT screening.

Efforts were made to place siblings together in all cases when it was appropriate.

All except 5 children (89%) were in the least restrictive, most appropriate placement; 2 needed a more restrictive placement; 1 needed less restrictive placement; 2 needed a more appropriate placement at the same level of restrictiveness.

37 children (79%) had adequate social histories, and 16 children (34%) had social histories that were above average, clear, concise, providing substantial detailed information.

27 children (57%) received substantial services in an attempt to prevent custody, including: 12 probation; 12 crisis intervention; 11 HomeTies; 9 counseling for child; 5 psychiatric hospitalization; 5 CPS; 4 family counseling; 4 intensive case management; 4 non-custodial assessment; 4 exploration of relative placement; 3 residential treatment; 2 A&D treatment; 2 daycare; 2 JCCO; and a variety of other services.

26 children (55%) had case managers providing continuity and having a good working knowledge of the child, family, and service needs.

18 of the 24 children who needed special education services (75%) were receiving them: 11 had special ed initiated pre-custody and were still receiving it; 5 were pre/school or don't know pre-custody, but receiving now; 2 initiated post custody. 5 had special ed pre-custody but were not receiving now; 1 never received needed special ed services.

All 16 foster homes were adequate; 12 children (75%) were in exceptional, loving, committed foster homes; 3 children were in foster homes that were interested in adopting them. 3 children were with relatives interested in adopting them and 1 child was in a group placement with house parents interested in adopting.

15 children (32%) had only one placement or only one placement following assessment.

Reported caseloads were generally manageable with the average being 18 and the median 21 for social services and 28 average and 22 median for juvenile justice.

Extracts had accurate critical information in all except 5 cases (89%); inaccurate information included: 3 wrong race; 1 wrong adjudication; 1 wrong custody date. 9 TNKids screens had inaccurate information: 7 incomplete placement histories; 2 wrong race (also on extract); 1 wrong EPSDT date.

Between the time cases were selected for review and the review was actually conducted, 16 cases (34%) experienced substantial increased activity, including: 4 children moved to new placements; 3 social histories completed/updated; 2 permanency plans completed/updated; 2 HCCM visited child/placement; and 1 each M-Team/ IEP; M-Team scheduled; relative placement called; quarterly progress notes; caseworker read case; case file transferred to worker; HCCM visited child; found a copy of a psychological evaluation; foster care review scheduled.

Noteworthy Accomplishments

- Staff at a primary treatment center made exceptional efforts to connect with and meet individualized needs of 3 children.
- Foster parents for a child with serious disruptive behavioral issues utilized creative strategies to address problems.
- Foster parents linked a child with an orthodontist who knew someone at TennCare, and approval was received quickly for a child with major treatment needs.
- Foster parents identified a private school for children with learning disabilities or behavior problems and are paying tuition for a child to attend.

Emerging System Performance Issues

28 children (60%) had a change in case manager within the past 12 months; 26 children (55%) had a case manager who has been with DCS for 12 months or less.

Assessments were inadequate for 15 children (32%); inadequacies included: 6 inadequate social history; other needed evaluations: 4 psychological evaluations; 4 psycho-educational; 2 parenting assessment; 2 parent psychological evaluations; 2 vocational assessments; 1 child psycho-sexual evaluation; 1 A&D assessment for child; 1 psychiatric evaluation; 1 neurological evaluation; and 1 parent psycho-sexual evaluation.

Permanency Plans were inadequate for 19 children (40%); inadequacies included failure to address the following needs: 5 child's mental health; 5 child's educational; 3 family therapy; 3 sex abuse treatment; 3 medication management; 2 grief/separation/loss; 2 independent living skills; 1 behavioral problems; 1 A&D treatment; 1 vocational skills; 1 family legal issues; 2 appropriate level of therapeutic intervention; 3 strategies for adoption; 3 inappropriate permanency goal; 2 no timelines; 2 no permanency goal; 1 no action plan for permanency.

Coordination was inadequate for 15 children (32%), with inadequacies between: 7 HCCM-placement; 3 DCS-court; 3 HCCM-child; 3 HCCM-parents; 3 HCCM-service provider; 2 placement and family; 2 caregiver and school; 2 HCCM-RCM; 1 HCCM-relative placement; 1 HCCM-school.

For the children not on runaway or in family placements: 3 were placed in home county (9%); 17 within the South Central Region (49%); 8 in RRMG placements in Mid-Cumberland (23%); 7 in out of region placements (20%).

22 children (47%) had experienced 4 or more placements, with the average and the median being.

14 children (30%) had been in custody multiple times: 9 twice, 5 for the third time; 7 of the 15 children adjudicated delinquent (47%) were on at least their second commitment.

12 children (26%) had been in custody too long: 5 (11%) needed TPR; 3 (6%) needed to be released; 2 (4%) needed adoption; 2 (4%) needed to go home; there did not seem to be sufficient focus on identifying adoptive placements for children as early as possible.

11 children (23%) received HomeTies and 12 children (26%) had crisis intervention services but still came into or returned to custody.

Truancy or other school behavior problems were an issue contributing to custody for 9 of the 41 school-age children (22%).

8 children who were placed in Tennessee and not on runaway had not been visited by a case manager within the past 30 days; 2 of these children have never been visited by their current caseworker; 1 child's case manager showed up for visit the day of the review; 3 children were only seen in connection with their release.

3 children spent excessive time in emergency shelter awaiting placement: 1 child 95 days; 1 62 days, finally placed after the TennCare Advocacy Program filed an appeal; 1 42 days awaiting therapeutic placement; 1 child was in 8 foster homes in 60 days awaiting a placement.

Court staff with inappropriate negative attitudes toward 3 children had an adverse impact on the overall situation and services for those children.

3 children were reportedly abused in foster homes; 2 by foster parents, 1 closed, insufficient information about the other; 1 by another child who was prosecuted for abuse of a third child; 2 children reportedly abused in group placements, 1 by another child; 1 apparently still under investigation.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues identified for the children in this sample:

- No one has been able to assist a relative placement in another state identify how to get Medicaid coverage there.
- 1 child was decertified for residential treatment, remained in the facility for four months during an appeal that was denied, so the child went home for approximately three months and then came into custody to access residential treatment.
- BHO refused to pay for psychiatric hospitalization for a child in custody claiming the child had private insurance, which she no longer had after entering custody, and the issue is pending with parents providing documentation regarding lack of insurance.
- Excessive waiting periods in excess of two hours were reported at the local mental health center for 1 child.
- A dental provider tells TennCare patients if they miss a single appointment they cannot come back, and reportedly does not treat non-TennCare patients the same.
- The transition to TennCare Select resulted in unrequested assignment to a new PCP, who provided a due EPSDT one day prior to the effective date on the TennCare Select Card, so foster parents had to pay for the screening and are awaiting reimbursement from DCS or TennCare.
- TennCare Select card incorrectly listed co-payment requirements, so the foster parent has had to provide co-payments for prescription and emergency room services; the TennCare representative has been notified and is reportedly working on this.

Critical Issues

- 28 children (60%) have little or no relationship with their fathers; 17 children (36%) have little or no relationship with their mothers.
- 25 children (53%) have parents with substance abuse issues; 11 children's parents (23%) were poly-substance abusers. 14 children ages 13+ (48%) have substance abuse issues; 11 children ages 13+ (38%) were poly-substance abusers; 9 (31%) involving drugs more serious than alcohol or marijuana.
- 24 children (51%) have parents who are or have been incarcerated.
- 24 children (51%) allegedly had been sexually abused; 8 children (17%) allegedly were the victims of incest, and 1 other child (2%) had siblings who allegedly were the victims of incest.
- 21 children's parents (45%) were never married to each other.
- 20 children (43%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 16 children (34%) had experienced domestic violence.
- 15 children ages 13+ (52%) had serious mental health diagnoses, including: 8 depression; 6 bi-polar; 2 PTSD; and 1 each: anxiety; intermittent explosive; obsessive/compulsive; sexual disorder; Tourettes; 2 schizo-affective; SED. 4 children under age 13 had serious mental health diagnoses, including 3 PTSD; 2 depression; 1 SED.
- 15 children (32%) were from homes living below the poverty level. 6 children were removed from squalid living conditions.
- 13 children (28%) allegedly had been physically abused.
- 12 children ages 13+ (41%) experienced suicidal ideations; 5 of the children ages 13+ (17%) had made suicidal attempts.
- 11 of the children ages 13+ (38%) had experienced psychiatric hospitalizations; 5 had multiple hospitalizations: 1 twice, 3 three times, 1 four times; 2 children under age 13 had experienced psychiatric hospitalization.
- 8 children (17%) have a parent(s) diagnosed with a mental illness.
- 7 children were charged with or allegedly were sexual offenders, 1 of them under age 13, (30% of the males ages 13+).
- 6 children had parents who were illiterate.

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Southeast Region
Preliminary System Observations
April 20, 2001

Service System Strengths
In all cases efforts were made to place siblings together when appropriate.

EPSDT had been completed or scheduled for all children who were not on runaway except 1 child; 1 child experiencing substantial medical/psychological episodes clearly should have been referred for psychological follow-up but was not.

All children who were not on runaway except 1 child (98%) were in the least restrictive most appropriate placement, 1 child needed a less restrictive placement.

All children except 3 (94%) were appropriate for custody at the time of custody.

31 children (66%) had a case manager with a good working knowledge of their case.

Foster homes provided exceptional care for 14 of the 23 children in foster homes (61%), providing loving, nurturing stable placements and making substantial efforts to ensure that children received needed services; the other 9 foster homes were adequate. Foster parents were interested in adopting 11 of the children in foster homes (48%).

For the children who were not on runaway or in family placements, 13 (42%) were placed in their home county; 4 (13%) were in Hamilton County; 6 (19%) in the Southeast Region; 2 (6%) were in RRMG placements; 1 in a state facility; 3 out of region.

In 23 cases (49%), substantial intervention services were provided to prevent custody, including: 9 state or county probation; 8 counseling; 6 child protective services; 5 relative placement; 4 JCCO; 4 residential treatment; 4 case management; 3 non-custodial assessment; 3 HomeTies; 2 alcohol and drug treatment; 2 crisis intervention services; and a variety of other services.

22 children (47%) had experienced only 1 out of home placement or only 1 placement following assessment; no child experienced excessive stays in temporary placements.

7 children (15%) had parent/parent figures(s) that have been or are being prosecuted for an offense against the child, a sibling or other children, reflecting stronger efforts to prosecute parents than sometimes experienced.

In 44 cases (94%), extracts had accurate critical information; missing or inaccurate critical information included: 2 incorrect race, 1 incorrect county of venue, and 1 incorrect custody date; 4 TNKids screens had incomplete information, 2 incomplete adjudication history and 2 incomplete placement history.

Between the time cases were selected for review and the review was actually conducted, 12 cases (26%) experienced substantial increased activity, including: 2 new social histories; 2 new/updated Plans; 2 Foster Care Review Boards; 2 workers received packets on the child; 3 mothers contacted; and 1 each of the following: EPSDT; adoptions case manager assigned; GAL appointed; foster home study; child visited; TNKids screen corrected; TPR finalized.

Noteworthy Accomplishments
A medically fragile child has exceeded life expectancy as a result of the exceptional care of foster parents.

One child's foster mother documents expenditures on the child and invests any funds above costs in Savings Bonds for the child and has personally paid for other needed services.

Emerging System Performance Issues
Assessments were inadequate for 19 children (40%), with inadequacies including: 3 had essentially no assessment; 9 needed a psychological evaluation; 7 had no/inadequate/out-of-date social history; 3 needed alcohol/drug assessment; 3 needed psycho-

educational. Parent assessments were inadequate as follows: 4 needed parenting assessment; 3 needed psychological evaluation; 2 needed alcohol/drug assessment.

18 children (38%) had inadequate Permanency Plans with deficiencies including: 12 failed to address current circumstances/needs/services of children; 5 did not address family issues; 2 had no plan; 1 did not include parent(s) in the plan; 1 had no target dates; 1 had irrelevant goals.

Coordination was inadequate in 16 cases (34%), with inadequacies between: 8 HCCM and caregiver; 7 HCCM and family; 4 HCCM and child; 3 HCCM-RCM; 1 HCCM and contract agency; 1 HCCM-school.

In 16 cases (34%), there were no ongoing efforts by the courts to keep up with the status of children in custody.

There was a general lack of effective advocacy for children and families, including insufficient legal representation and guardians ad litem.

25 children (53%) have a case manager who has been assigned the child's case less than 12 months, or have had multiple caseworkers if in custody less than 12 months.

26 children (55%) have HCCMs with more than 25 cases, with the average being 31 and the median being 38.

10 children (21%) experienced 4 or more placements; with the average being 7 and the median being 6.

14 children (30%) have been in custody too long: 7 (15%) needed adoption; 3 (6%) needed to be released; 2 (4%) needed termination of parental rights; 2 (4%) needed to return home.

8 children (17%) have been in custody multiple times, 6 for the second time, 1 for the third time and 1 for the fourth time.

5 children were referred to as a "gift of the court", 3 by DCS staff and 3 by juvenile court staff.

3 children received HomeTies services and 2 children received crisis intervention services but still came into custody.

TennCare/TennCare Partners/MCO/BHO/EPSDT issues included the following:

- 1 child's case manager told the foster/adoptive parents that they would have to acquire insurance for the child because TennCare would have to be terminated before the adoption was finalized.
- 1 child who has returned home has not had the TennCare card returned to the family by the DCS case manager and the system still reflects that the child is in custody so the family has not been able to get medical services.
- 3 children had difficulties receiving dental services: 1 child due to an inadequate network since the only dentist in the network will not see her because she missed an appointment when her brother was critically ill. 1 child has to travel 40 miles to see a dentist because the dentist 25 miles away is not taking new TennCare patients. 1 child has to travel over 65 miles to see a dentist.
- 1 medically fragile child is not receiving home health care at the appropriate approved level, allegedly due to a shortage of nurses.
- 1 child experienced a delay in receiving primary care services due to an inadequate provider network.
- 1 child has to travel an excessive distance to see an orthodontist due to an inadequate provider network.
- 1 child placed out of region has been unable to identify a primary care provider or dentist due to an inadequate provider network.

Other Critical Issues

- 26 children (55%) have parents who have/have had substance abuse issues; 4 children had parents who were using methamphetamines; 3 children had parents who were making methamphetamines.
- 26 children (55%) have a parent(s) who is or has been incarcerated. 4 children (9%) had a parent who was in custody as a child.
- 24 children (51%) had little or no relationship with their fathers; 13 children (28%) had little or no relationship with their mothers.
- 24 children (51%) are from sibling groups of 3 or more children; 3 children were twins.
- 20 children (43%) were from homes below the poverty level. 17 children (36%) experienced domestic violence in the home.
- 18 of the 25 children who are ages 13+ (72%) were reportedly sexually active.
- 17 of the 25 children who were ages 13+ (68%) have/have had substance abuse issues; 13 children (52%) were poly-substance abusers; 4 of these children had used methamphetamines.
- 14 children (30%) were born to parents who were not married to each other.
- 14 children ages 13+ (30%) have experienced psychiatric hospitalization; 6 of them multiple hospitalizations, 2 with 2, 3 with 3, 1 with 5, and 1 with 6. 6 children ages 13+ had experienced suicidal ideation, 2 had attempted suicide.
- 12 children (26%) were allegedly physically abused, 6 children (12%) when they were age 4 or under; 1 child was a "shaken baby".
- 9 children (19%) were allegedly sexually abused; 3 of the children (6%) experienced incest.
- 14 children (30%) were diagnosed with ADD/ADHD. 9 children (19%) were diagnosed SED or with other serious psychiatric diagnoses.
- 6 children (13%) had a parent diagnosed with a mental illness.
- 4 children (8%) were medically fragile.

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Memphis/Shelby County Region
Preliminary System Observations
May 11, 2001

Service System Strengths

All except 3 children (95%) were appropriate for custody at the time of custody. Truancy did not precipitate custody for any children reviewed.

All but 3 children (94%) who were not on runaway were in the least restrictive, most appropriate placements; 2 needed less restrictive placements; 1 needed a different placement at the same level; 1 child at the appropriate level of placement needed more intensive services..

All but 2 children who were not on runaway had received an EPSDT screening (93%), however 6 children have annual EPSDTs that are past due. There were minimal TennCare issues in this region.

In all except 9 cases (81%) efforts were made to place at least some siblings together when appropriate.

Of the 36 children who were not in family, paid kinship placements, or on runaway, 30 children (83%) were placed in Shelby County; 3 (8%) in placements in rural West Tennessee; 2 in South Central Tennessee; 1 in a foster home out of state.

23 of the 27 children in foster homes (85%) were in foster homes that were extremely committed to meeting the needs of the children, meeting substantial medical needs, providing enrichment activities, bonded, loving, caring and supportive of the children, maintaining family contacts when appropriate; the other 4 were in adequate foster homes; 13 of these children (48%) were in foster homes that were interested in adopting them.

18 children (31%) had experienced only one placement or only one placement following assessment.

Services were being provided for 12 of the 20 children whose families needed services for reunification (60%).

For the 10 children in continuum placements, continuum staff was the driving force in service provision, very knowledgeable about the children, making substantial efforts to meet their needs and facilitate permanency.

17 of the 20 children with special education needs (85%) were receiving services to meet their needs.

21 children (36%) have had Termination of Parental Rights (TPR) or have TPR in process, 15 of them since 1998.

Extracts had accurate critical information in all but 10 cases (83%); in those cases inaccurate or missing information included: 4 wrong custody date; 4 missing or wrong Social Security Number; 3 wrong race; 1 wrong sex; 1 wrong adjudication; 1 wrong name. 9 TNKids screens had inaccurate information, including: 4 incomplete placement history, 3 incorrect placement, and 1 incorrect custody date.

Between the time cases were selected for review, and the review was actually conducted, 25 children (43%) experienced substantial increased activity, including: 10 new/updated social history; 7 worker assigned; 4 EPSDT occurred or scheduled; 3 new/updated Permanency Plan; 3 contacts with school; 2 contacts with placement; 2 visits with children; 2 released from custody; and 1 each of the following: new foster home; presentation summary updated; Foster Care Review Board scheduled; dental screen; TNKids screen updated; developmental assessment.

Noteworthy Accomplishments

4 foster homes were exceptional: for 2 medically fragile children providing exceptional care, ensuring that they receive needed specialist care or therapy, and one extensively involved in the child's educational process; extensively involved with and providing ongoing support for 1 child and the child's siblings because the mother was a former foster child in this home; and for 1 child has gone above and beyond in providing support for a child and siblings and establishing contact with other family members.

A public preschool for children with disabilities is providing exceptional services and ensuring all needed evaluations and therapies are provided.

Preliminary System Observations

Assessments were inadequate for 21 children (37%), including: 18 with no/incomplete/outdated social history; 4 needed psychological evaluations; 2 needed EPSDT; 2 needed a developmental evaluation; 2 needed family A&D assessment; and 1 child each needed: A&D assessment; psycho-sexual assessment; neurological evaluation; psychiatric assessment; vocational/independent living assessment.

Permanency Plans were inadequate for 28 children (48%), with deficiencies including: 22 did not reflect current needs/services for the child; 8 did not address family needs; 4 had no/inappropriate timelines; 3 had no plans; 2 had no/inappropriate goals; 2 had incorrect information about the child; 24 children (41%) had Permanency Plans developed by DCS with no other involvement from other relevant parties, including service providers; 2 children had Permanency Plans developed by contract agencies with no involvement of DCS or anyone else.

34 case managers (59%) reported caseloads of more than 25 with the average of these being 32.5 and the median being 32. The average reported caseload for all case managers was 25.9 and the median was 27, with these lower numbers due to small caseloads for new workers, independent living workers, and some supervisors carrying caseloads; 4 supervisors were carrying caseloads, 2 small and 2 large caseloads.

36 children (62%) had not been seen by a DCS/CSA case worker for an extended time: 3 in over 30 days; 1 in over 60 days; 17 in over 90 days, with 7 of them almost a year or more; there were no efforts to locate children who are on runaway, and 2 of them have been in court since the runaway.

26 children (45%) had been in custody too long, needing: 9 (15%) termination of parental rights; 5 (9%) complete adoption; 4 (7%) release from custody; 4 (7%) missed the window of opportunity for other alternatives; 3 (5%) go home; 1 (2%) live independently.

4 children were in custody for the 2nd time and 2 for the 3rd time; 1 child had been in Shelby County Youth Services Bureau custody 2 times.

15 children (26%) had experienced 4 or more placements, with the average and the median being 5.

3 children experienced excessive temporary placements, 1- 60 days after 10/99, 1- 133 days before 10/99, and 1- 347 days overlapping 10/99.

Coordination was inadequate for 23 children (40%), with inadequacies between: 16 HCCM-family; 11 HCCM-placement; 3 HCCM-service provider; 3 HCCM-contract agency; 1 HCCM-court; 1 HCCM-RCM; 1 placement-family; 1 contract caseworker-family.

18 children (31%) had a case manager who had been with DCS for 12 months or less.

Perpetrators were not consistently prosecuted for child abuse or sexual abuse, even in several severe cases; 5 children were left in known abusive situations during extended child protective services investigations.

There was a substantial lack of or virtually no evidence of effective legal advocacy for children or families.

6 children (10%) had received HomeTies services but still came into custody.

3 children were allegedly physically abused in foster homes from which they were removed timely.

The foster care review process needs to be more effective and meaningful by involving all participants in the case.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:
- 3 children in extended family placements were denied TennCare eligibility, and no effort was made to appeal the decisions or explore alternative eligibility categories.
- Additional funds had to be solicited to cover the entire cost of special eyeglasses because the MCO would not cover the full cost.
- 1 child had delays receiving dental services due to an inadequate provider network, but eventually received services, with more severe intervention necessary because of the delay.

Critical Issues
- 51 children (88%) had parents who never married each other; 36 children (62%) were from sibling groups with multiple fathers.
- 44 children (76%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee, and 28 children (48%) were from sibling groups of 5 or more children.
- 43 children (74%) had little or no relationship with their fathers; for 10 children (17%) the birth father was unknown; 25 children (43%) had little or no relationship with their mothers.
- 36 children (62%) came into custody primarily because of neglect; 3 other children had previous custodies precipitated by neglect; 7 children (12%) came into custody from the hospital following birth.
- 34 children (59%) had parents with substance abuse issues, 11 children (19%) both parents; for 21 children (36%), parents abused crack or cocaine; 6 children ages 13+ (20%) had substance abuse issues.
- 13 children (22%) were allegedly physically abused; 13 children (22%) were allegedly sexually abused, 3 children (5%) the victims of incest.
- 11 children (19%) had been abandoned; 36 children (62%) have a parent(s) with unknown whereabouts, 13 both parents, 16 fathers, 7 mothers.
- 9 children ages 13+ (36%) were sexually active, with 6 of them having multiple partners; 2 children had been prostituted; 5 children (9%) had a parent who was or had been a prostitute.
- 8 children (14%) had experienced squalid living conditions. 6 children (10%) had experienced domestic violence in the home.
- 7 of the 33 children ages birth to 12 (21%) and 1 age 13+ had prenatal substance exposure - 4 crack/cocaine exposed, 2 crack/cocaine, alcohol and marijuana, and 1 fetal alcohol and crack/cocaine exposed.
- 7 children had experienced psychiatric hospitalization, 2 of them under age 13, 20% of the children ages 13 plus; 1 child had experienced 2 hospitalizations and 2 children 3 hospitalizations.
- 5 children (9%) were medically fragile.
- 5 children (9%) had experienced suicidal ideations, 3 of them under age 13.
- 4 children (7%) had parents diagnosed as mentally ill, and 4 children (7%) had parents diagnosed mentally retarded.
- 3 children had sexual perpetration histories; 1 additional child had a history of sexually acting out.

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Southwest Region
Preliminary System Observations
March 16, 2001

Service System Strengths

Efforts were made to place siblings together in all cases when it was appropriate.

All children were appropriate for custody at the time of custody except 2 (96%).

Excluding runaways, all children except 2 (96%) had received current EPSDT screening and recommended treatment or follow-up services.

Relatively few TennCare/TennCare Partners/EPSDT/MCO/BHO issues were identified for the children in this sample.

Excluding runaways, all but 5 children (89%) were in the least restrictive, most appropriate placement; 3 needed a less restrictive placement; 2 children needed more restrictive placements.

30 home county case managers had 25 or less cases (63%); 18 home county case managers had caseloads over 25 (38%), with the average being 30 excluding 2 children assigned to a juvenile justice case manager with a large caseload.

36 children (75%) received substantial services in an attempt to prevent custody, including: 15 county/state/intensive probation; 13 counseling; 12 HomeTies; 11 exploration of relative custody/placement; 8 crisis intervention; 6 extensive child protective services; 4 non-custodial assessment; 4 alternative school; 4 in-home services; 3 hard services; 3 homemaker; 3 case management; and 19 a variety of other services.

For children who were not in family placements or on runaway, 14 were placed in home county (39%), 8 (22%) within the Southwest Region, 7 (19%) in Shelby County, 3 (8%) in Northwest, and 4 (11%) in Mid-Cumberland, 2 of them in continuum placements.

21 children (44%) had experienced only one placement or only one placement following assessment.

12 children were in exceptional, loving committed foster homes (63%), 7 were in foster homes that were adequate (37%); 15 (79%) were in foster homes interested in adopting them.

Extracts had accurate critical information in all except 13 cases (73%); inaccurate information included: 3 wrong race; 3 wrong custody date; 3 wrong adjudication; 2 wrong gender; 2 wrong county of venue. TNKids screens were accurate for all but 10 children (79%), with 8 placement histories and 2 adjudication histories being incomplete.

Between the time cases were selected for review and the review was actually conducted, 11 cases (23%) experienced substantial increased activity, including: 3 obtained school records; 2 new permanency plans; 2 social history update; and 1 each case manager contact with child; recommendation for release; EPSDT; packet sent out for placement; hearing scheduled; visit siblings; new placement; appointment with a psychiatrist; mother referred for services.

Noteworthy Accomplishments

1 child is in a foster home that is providing extensive support to ensure that the child succeeds in school and develops values for success in life.

Emerging System Performance Issues

Assessments were inadequate for 19 children (40%); inadequacies included 10 inadequate/incomplete social histories; 1 no social history; 7 needed psychological evaluations; other needed evaluations: 3 independent living skills; 2 vocational; 2 psycho-educational; 2 parenting evaluation/assessment; 1 alcohol and drug for child; 1 alcohol and drug for parent.

Permanency Plans were inadequate for 27 children (56%); inadequacies included: 19 did not address current needs of child; 9 did not address current needs of family; 10 did not include appropriate strategies for permanency; 1 no DCS responsibilities; and 1 no plan.

Coordination was inadequate for 15 children (31%), with inadequacies between: 5 HCCM-family; 5 HCCM-placement; 2 HCCM-RCM-placement; 1 HCCM-Assessment Team; 1 HCCM-court; 1 HCCM-RCM.

14 children had been in custody too long: 5 needed TPR (10%); 2 needed adoption (4%); 2 needed to go home; 1 needed to be released (2%); 4 missed the window of opportunity (8%). 11 children (23%) experienced substantial delays before TPR was initiated.

16 children (33%) had experienced 4 or more placements, with the average being 7 and the median being 6.

12 children (25%) received HomeTies but still came into custody; 8 received crisis intervention but still came into custody.

Families for 11 children (23%) were not receiving needed services to facilitate reunification.

Truancy or other school problems were factors in custody for 11 of the school-age children (28%).

10 children had been in custody multiple times: 8 twice, 1 for the third time, and 1 for the fifth time.

7 children (15%) were placed in detention/diagnostic shelter/emergency shelter for more than 30 days, with an average of 66 days, and 4 of them since 10/1/99; 1 child has had at least 5 such placements.

6 of the 15 children who needed special education services (40%) were not receiving any or sufficient services.

2 children were physically abused in a foster home, 1 was immediately removed, and the other disclosed abuse after being moved.

TennCare/TennCare Partners/EPSDT issues included the following:

- 1 child in crisis experienced a delay in receiving approval for inpatient psychiatric placement, but ultimately received approval.
- 1 foster parent reported that it took her days to reach someone at the TennCare Hotline because she kept being placed on hold.

Critical Issues

- 34 children (71%) have little or no relationship with their fathers.
- 27 children (56%) have parents who have been incarcerated; for 8 (17%), both parents have been incarcerated.
- 25 children (52%) have parents with substance abuse issues.
- 25 children (52%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
- 25 children (52%) were from homes living below the poverty level.
- 17 children ages 13+ (57%) have/have had substance abuse issues.
- 14 children (29%) were removed from homes with deplorable living/sanitation conditions.
- 13 children (27%) have little or no relationship with their mothers.
- 13 children (27%) had experienced domestic violence.
- 13 children (27%) allegedly had been physically abused.
- 13 children (27%) allegedly had been sexually abused; 7 children (15%) allegedly were the victims of incest, and 4 other children had siblings who allegedly were the victims of incest.
- 12 children (25%) had serious mental health diagnoses.
- 10 children ages 13+ (33%) and 2 children under 13 had experienced psychiatric hospitalizations; 7 had multiple hospitalizations: 4 had 2; 2 had 4. 6 children ages 13+ (20%) and 1 child under 13 experienced suicidal ideations; 2 had made 2 suicide attempts.
- 8 children ages 13+ (27%) were allegedly involved in gang activity.
- 5 of the delinquent children (45%) had committed offenses against persons.

STATE OF TENNESSEE
TENNESSEE COMMISSION ON CHILDREN AND YOUTH
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Upper Cumberland Region
Preliminary System Observations
June 12, 2001

Service System Strengths

In all but 1 case efforts were made to place siblings together when appropriate. In all but 1 case children had completed EPSDT screenings.

All who were not on runaway except 1 child (98%) were in the least restrictive, most appropriate placements; 1 needed a more appropriate placement at the same level of restrictiveness.

All except 2 children (96%) were appropriate for custody at the time of custody.

19 of the 21 children who needed special education services (90%) were receiving services; all available psycho-educational assessments were thorough and provided extensive information.

Coordination was adequate for 37 children (79%); 10 cases with inadequate coordination were between: 5 HCCM-placement; 4 HCCM-family; 3 HCCM-child; 2 HCCM-court; 2 HCCM-contract staff; 1 DCS and school; 1 DCS and Foster Care Review Board.

31 children (66%) had services to prevent custody: 16 county/state probation; 16 child protective services; 8 individual/group counseling; 8 Crisis Intervention Services; 7 exploration/use of relative placements; 7 substance abuse services; 5 house arrest; 3 judicial diversion; 3 parenting classes; 3 HomeTies; and a variety of other services.

13 of the 19 children in foster homes (68%) were in warm, nurturing placements that were taking the initiative to ensure that needed services were provided, caring for extremely difficult children and/or supported child in extra activities; 5 were in adequate foster homes, and 1 was in a foster home that was inappropriate for the child and questionable over all; 10 children (53%) were in foster homes that were interested in adopting them.

Of the 31 children who were not in family/kinship placements or on runaway: 10 were placed in home county (32%), 12 in the CSA region (39%), 6 in the RRMG (19%), 1 in specialized placement, and 2 out of region. 19 children (40%) had experienced only one placement or only one placement following assessment.

32 children (68%) had adequate social histories, with 12 of the 32 children (38%) having very thorough social histories.

GAL representation for children reviewed this year reflected substantially more involvement and better advocacy than in years past.

The average caseload was 23 and the median was 22; 1 child's case was being carried by a supervisor; 14 children had case managers with more than 25 cases.

Extracts had accurate, critical information in all but 8 cases (83%); inaccurate information included: 3 case manager; 2 county of venue; 2 race; 1 custody date; 1 adjudication; 1 name. 7 TNKids screens had inaccurate information: 3 county of venue; 3 placement history; 2 adjudication; 1 custody date; 1 race.

Between the time cases were selected for review and the review was actually conducted, 12 cases (26%) experienced substantial increased activity including: 4 visits to child/placement; 3 updated social history; 2 new/updated permanency plan; and 1 each: IEP obtained; new placement; parent scheduled for psychological evaluation; child went home; visit with family; TPR initiated; TPR reassigned for more expeditious handling; case file created.

Noteworthy Accomplishments

- 1 child's HCCM has provided extensive documentation to assist in moving toward permanency in a timely manner.
- 1 child was in an outstanding foster home that contributed to exceptional developmental and educational strides and has well prepared the child for adoptive placement.
- 1 child is in an exceptional foster home that plans to adopt child/siblings and supports extensive extra-curricular activities.

Emerging System Performance Issues

22 children (47%) had a case manager with less than 12 months experience; and 19 additional children (40%) had experienced caseworker reassignments in the past 12 months; results of these changes were mixed with some reporting better services and some less contact with DCS staff.

20 children (43%) had inadequate assessments: 1 no assessment; 12 no/incomplete/out of date social history. Children needed: 6 (13%) psychological evaluations; 4 psycho-sexual assessments; 2 psycho-educational assessments; 2 psychiatric assessments. Parents needed: 6 alcohol and drug assessments; 5 psychological evaluation; 3 parenting assessment.

Permanency plans were inadequate for 17 children (36%); deficiencies included: 12 did not address current needs of child; 7 did not address current needs of family; 2 had inappropriate goals; 1 had inappropriate timelines; 1 had inappropriate strategies to meet the goal. 1 had no plan to guide services until very late.

14 children (30%) had experienced 4 or more placements; 3 had more than 10 placements; the average was 8 and the median 5.

13 children (28%) had been in custody more than once: 12 two times; 1 three times.

There was little or no engagement between DCS case managers and families of delinquent children for 12 of the 14 children (86%) who were adjudicated delinquent.

Truancy was a primary reason for custody for 7 children (15%); 1 child was adjudicated delinquent but had no delinquent charges.

6 children (13%) had been in custody too long: 3 (6%) needed TPR; 2 (4%) to be released and 1 (2%) needed to complete adoption.

6 children have not been seen by a DCS case manager in more than 30 days, with the average being 39 for 5 of them, but the sixth has not been seen in several years.

3 children received HomeTies, and 8 children received crisis intervention services but still came into custody.

TennCare/TennCare Partners/MCO/BHO/EPSDT issues included the following:

- 2 children had difficulty receiving dental services due to an inadequate provider network, so had to travel long distances; 1 child had to travel to Nashville for a root canal.
- The MCO refused to pay a hospital bill for a child inaccurately claiming the child has private insurance.
- 2 children had difficulty seeing primary care providers due to an inadequate provider network.

Critical Issues

- 36 children (77%) had parent(s) with substance abuse issues; 20 (43%) were poly-substance abusers; 14 were using (7 both parents) and 5 making methamphetimines. 7 children (15%) had a parent who was diagnosed with a mental illness.
- 33 children (70%) have parents who are or have been incarcerated; 12 (26%) both parents.
- 30 children (64%) had little or no relationship with father; 4 children (9%) had little or no relationship with mother.
- 22 children (47%) had experienced domestic violence in the home. 7 children (15%) had a deceased parent, 3 killed violently.
- 17 children (36%) were from homes below the poverty level; 6 children (13%) were culturally/environmentally deprived.
- 15 children (32%) were from sibling groups of 3 or more children.
- 14 children's (30%) parents never married each other. 9 children (19%) had mothers under age 18 when they had their first child.
- 14 children (30%) were allegedly sexually abused; 6 children (13%) allegedly experienced incest; 8 additional children's siblings allegedly experienced incest; 5 children were sexual offenders; 8 children (17%) were allegedly physically abused.
- 13 children ages 13+ (65%) were sexually active; 2 children were parents, 1 pregnant with a second child; 2 children are married.
- 9 children ages 13+ (45%) have/have had substance abuse issues; all but two of these were poly-substance abusers.
- 8 children (17%) had a history of psychiatric hospitalizations, 5 of them under age 13; 2 other children were diagnosed with serious mental health issues; 2 children under age 13 were diagnosed as psychotic.
- 5 children ages 13+ (25%) and 3 under age 13 had suicidal ideations; 1 had actually attempted suicide.

Appendix C

2001 Evaluation Results

Demographic Information

Parental Educational Attainment
Annual Household Income of Parents
Child's Living Situation Prior to Court Order
Who Filed Petition?
Was the Parent in State Custody as a Child?
If Provided Needed Services, Was State Custody Necessary?

Status of the Child/Family on Key Indicators

All Cases
Comparison by Age
Comparison by Race
Comparison by Gender
Comparison by Residence
Comparison by Adjudication
Negative Status Cases
Comparison by Year of Overall Status
Comparison by Year of All Status Indicators

Adequacy of the Service System Functions

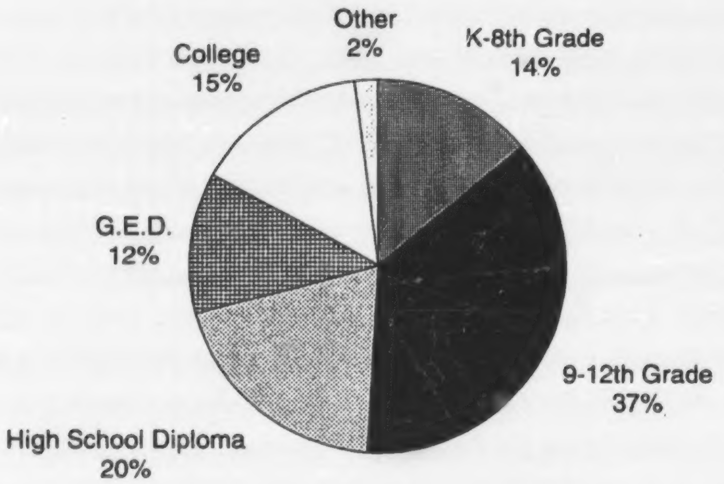
All Cases
Comparison by Age
Comparison by Race
Comparison by Gender
Comparison by Residence
Comparison by Adjudication
Negative System Cases
Negative Cases – Status of Child and Family
Comparison by Year of Overall System Adequacy
Comparison by Year of All Systems Indicators

Status and System Performance

Comparison by Year of Four-Cell Matrix

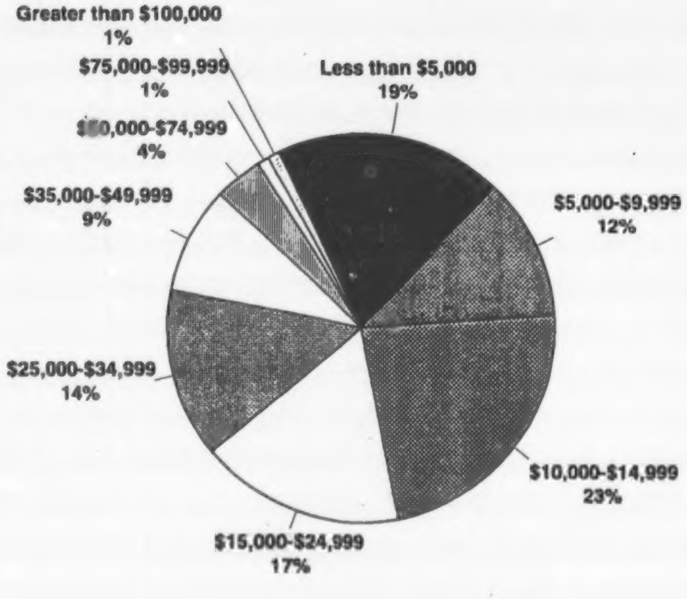
Parental Educational Attainment

Cases for 2001



Annual Household Income of Parents

Cases for 2001



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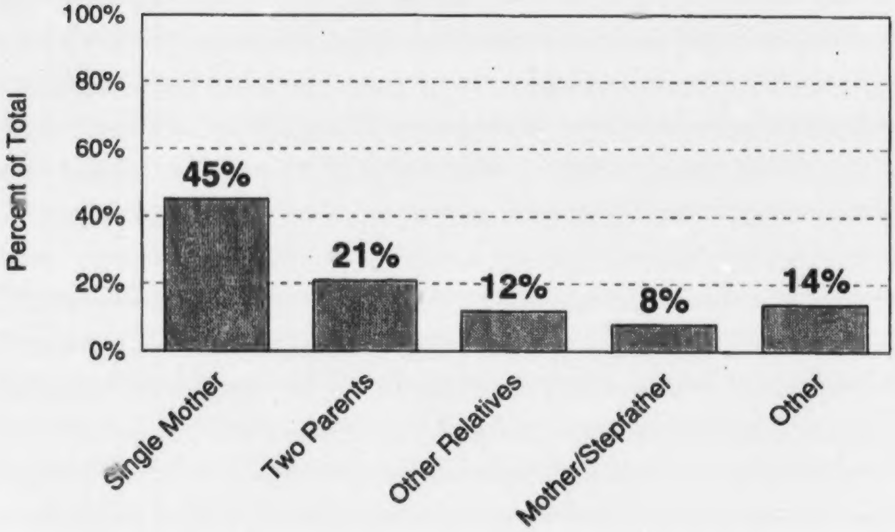
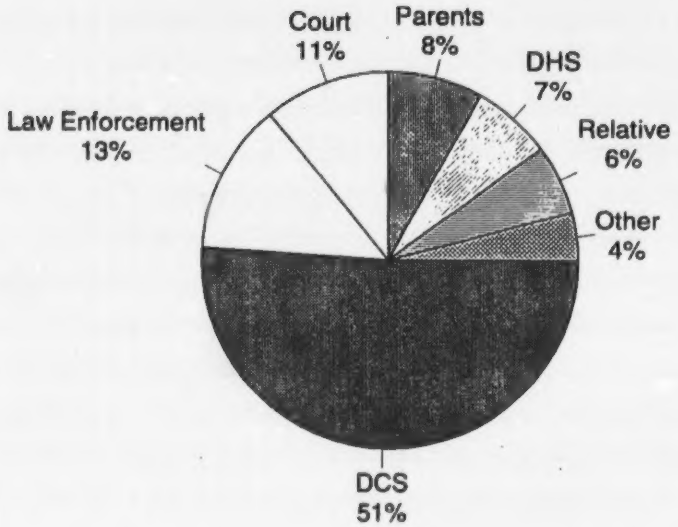
Child's Living Situation Prior to Court Order



Who Filed the Petition?



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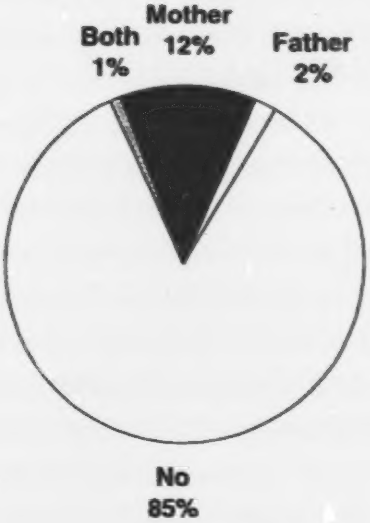
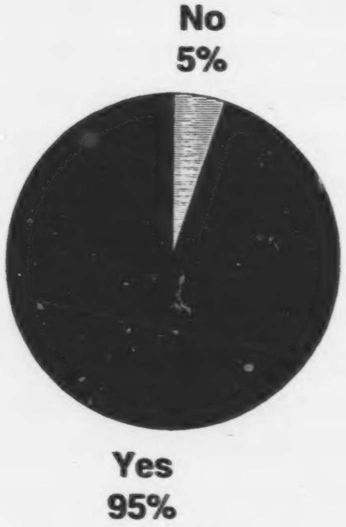
Was the Parent in State Custody as a Child?

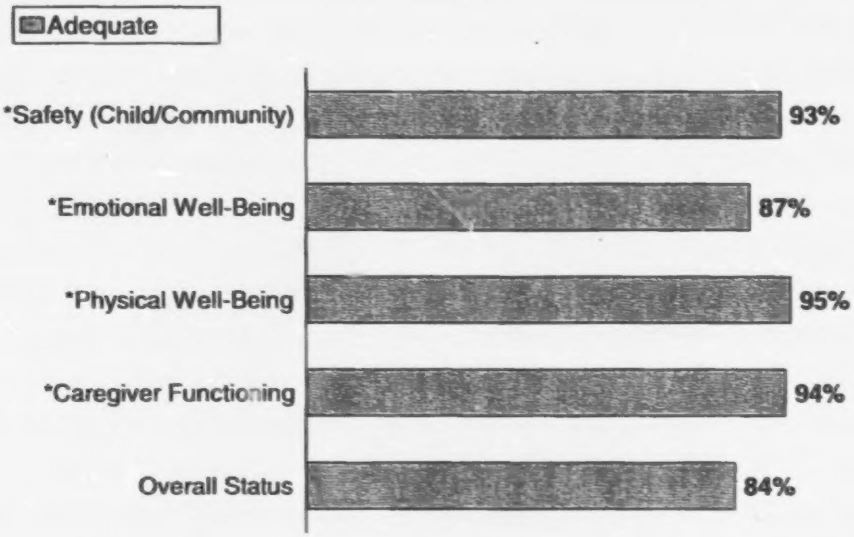


If Provided Needed Services, Was State Custody Necessary?



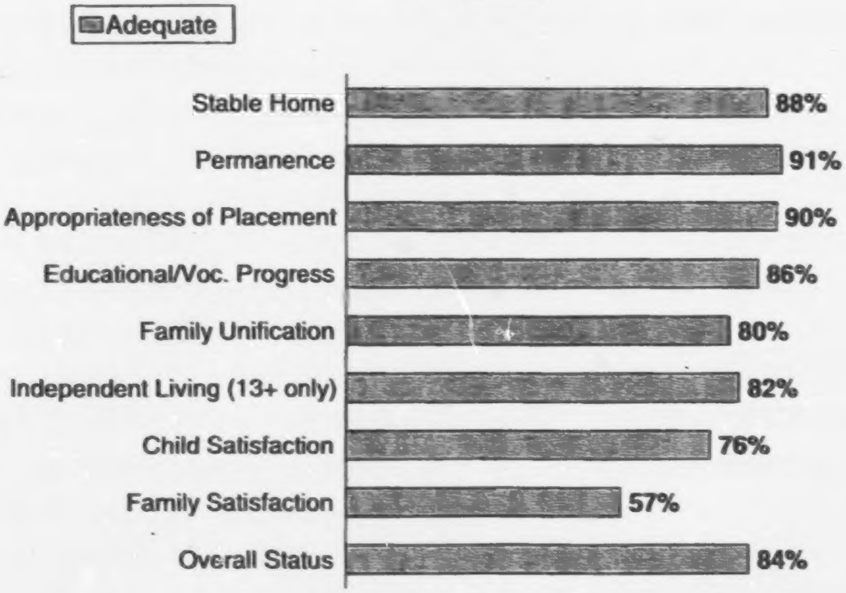
Status of Child/Family on Key Indicators

All Cases



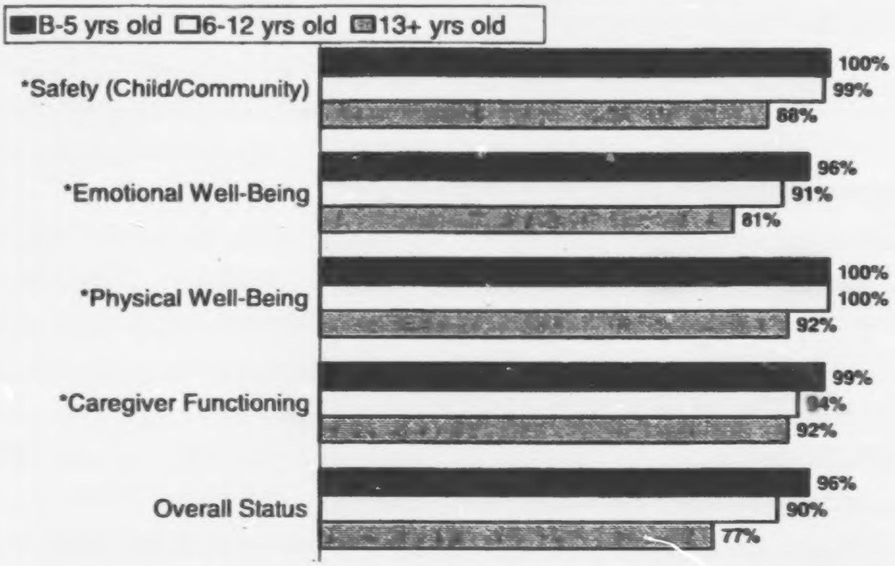
Status of Child/Family on Key Indicators

All Cases



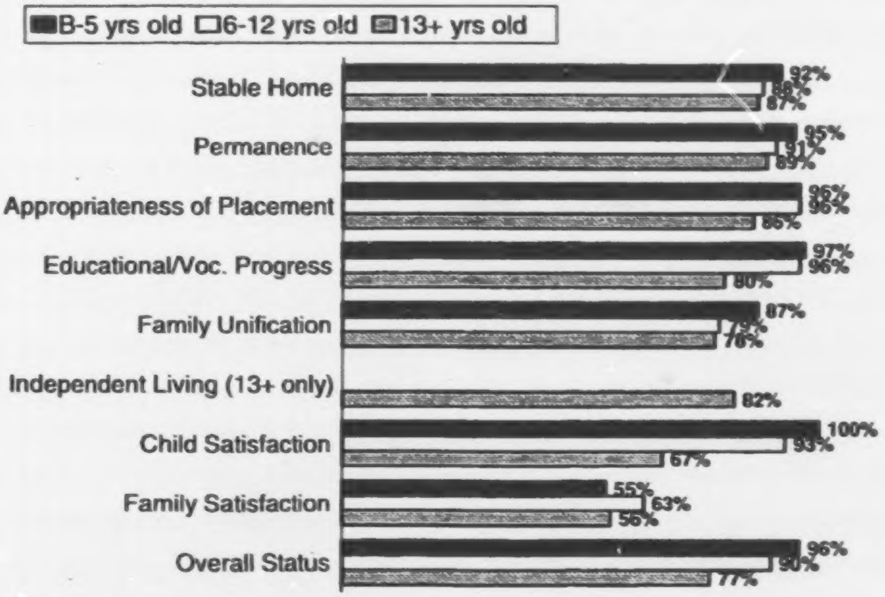
Status of Child/Family on Key Indicators

Comparison By Age of the Child



Status of Child/Family on Key Indicators

Comparison By Age of the Child



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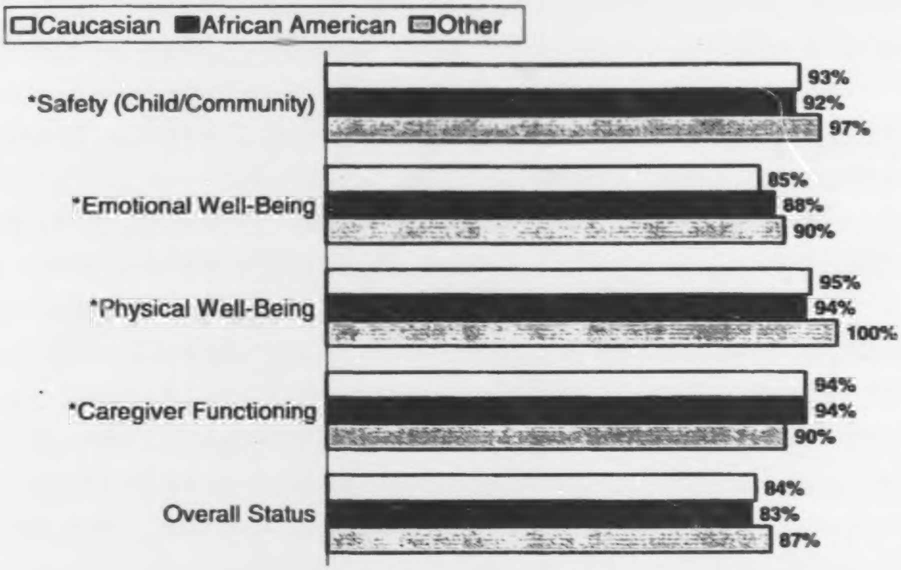
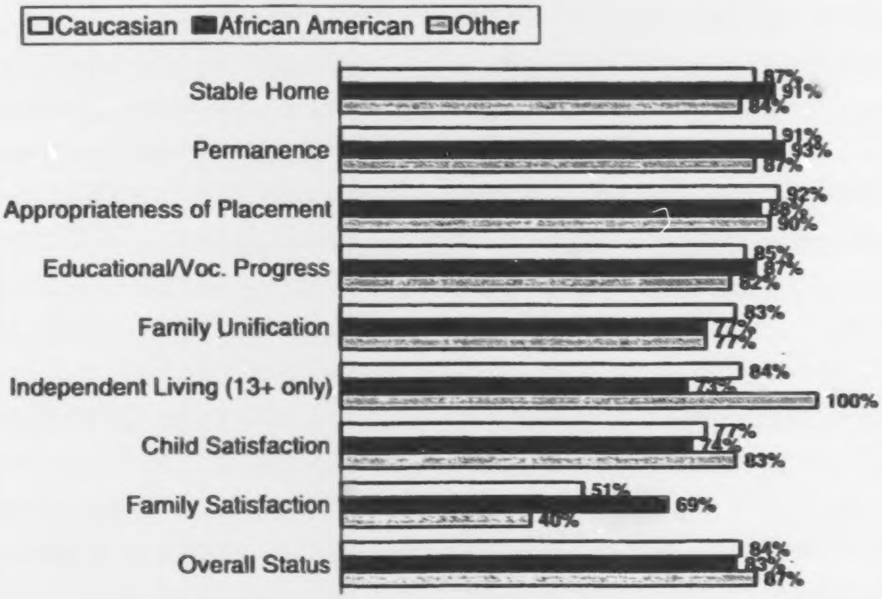
Status of Child/Family on Key Indicators

Comparison By Race of the Child



Status of Child/Family on Key Indicators

Comparison By Race of the Child



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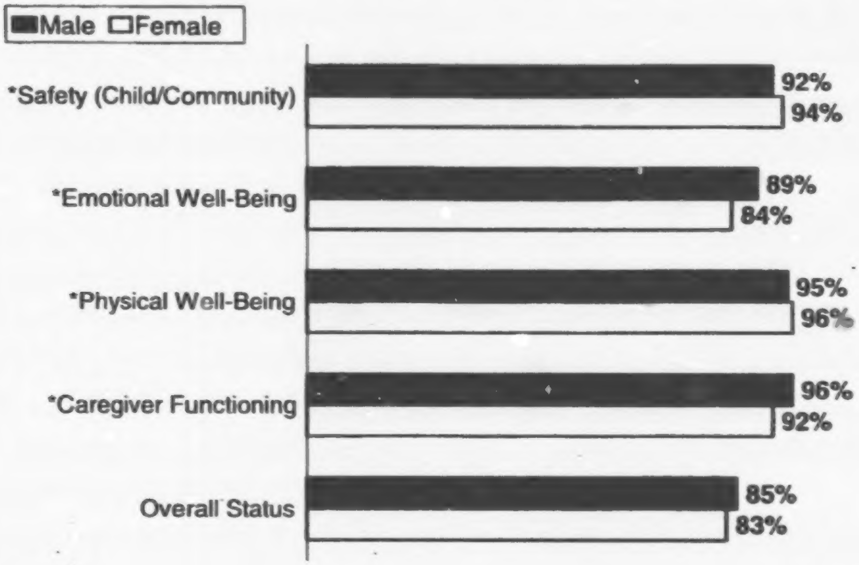
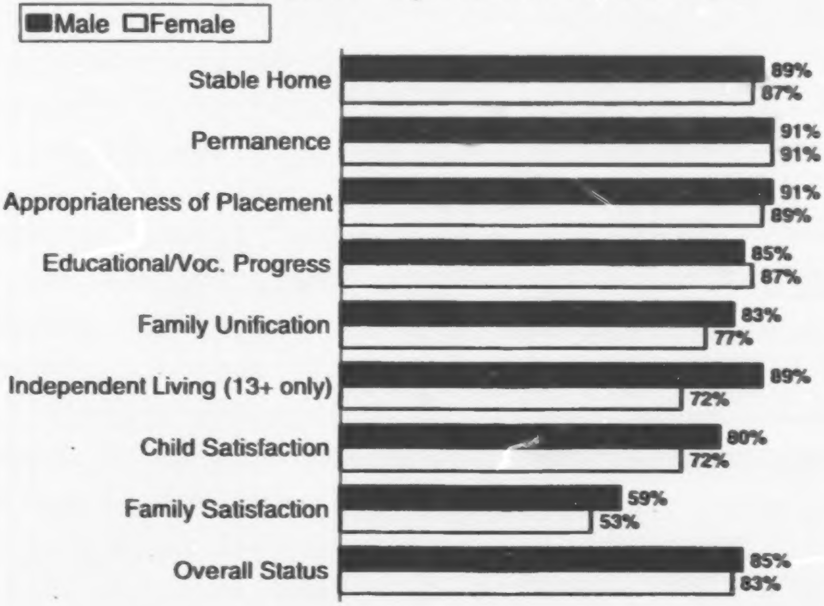
Status of Child/Family on Key Indicators

Comparison By Gender of the Child



Status of Child/Family on Key Indicators

Comparison By Gender of the Child



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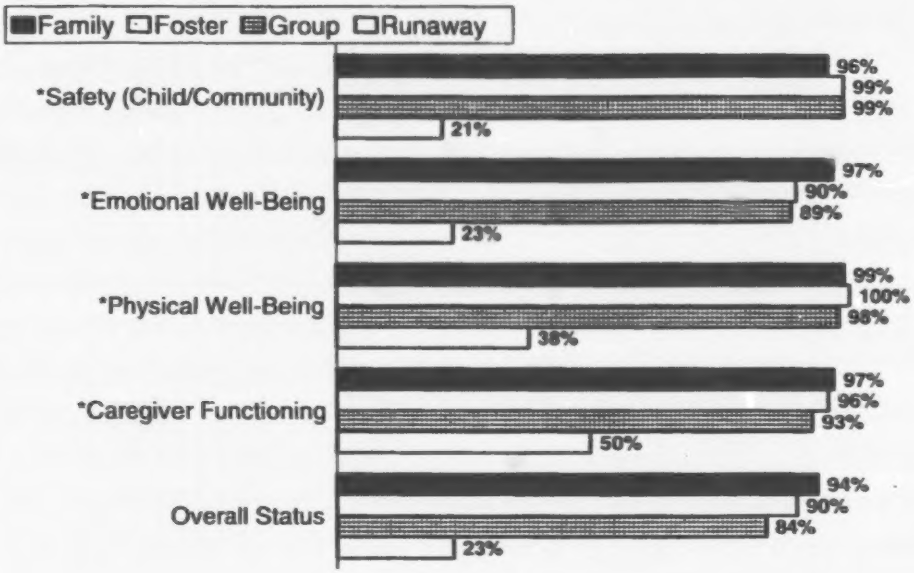
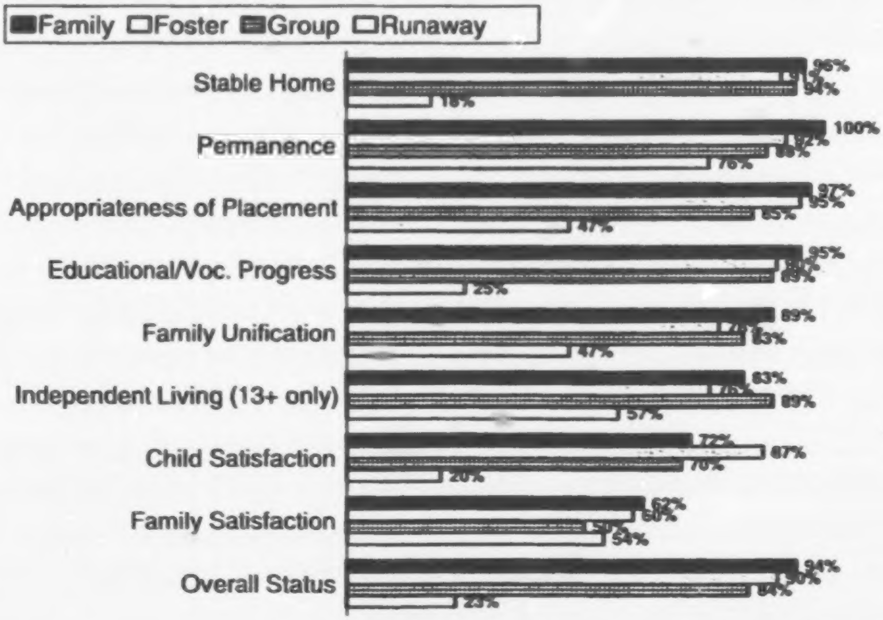
Status of Child/Family on Key Indicators

Comparison By Residence of the Child



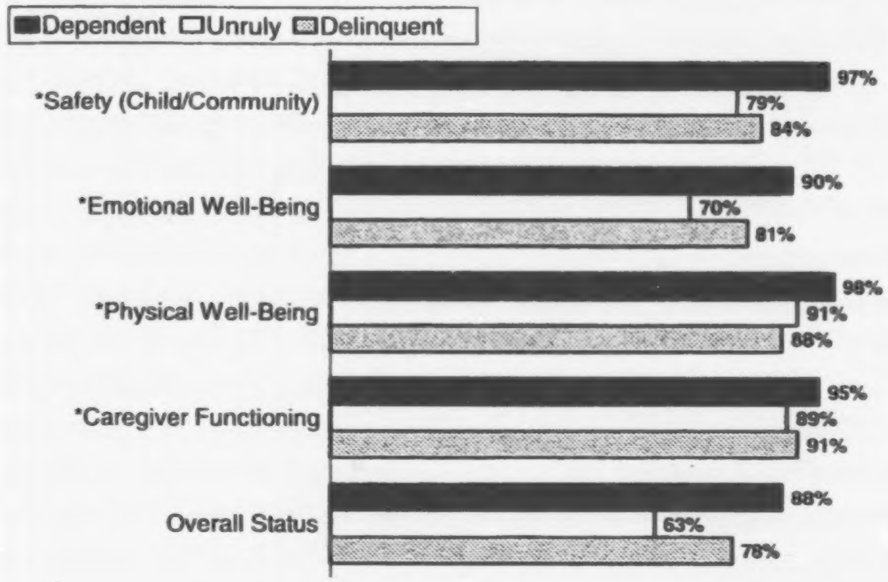
Status of Child/Family on Key Indicators

Comparison By Residence of the Child



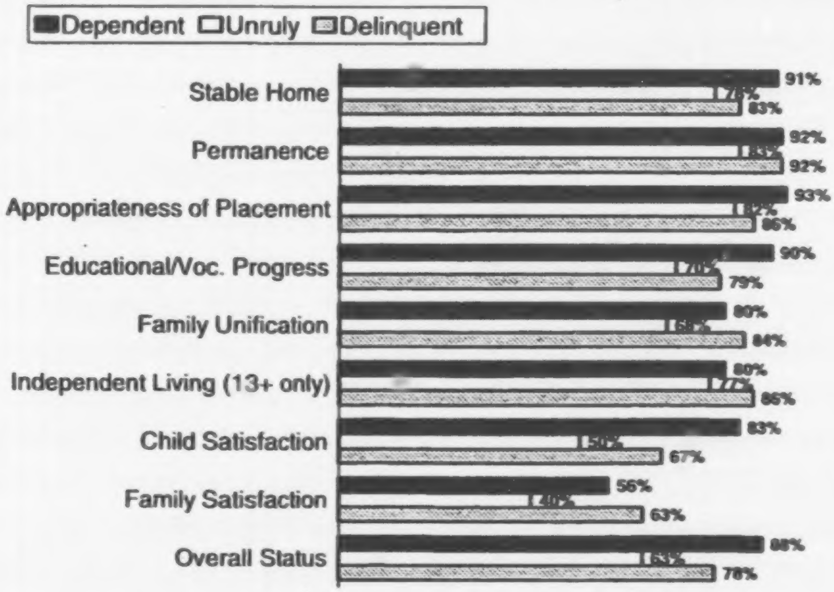
Status of Child/Family on Key Indicators

Comparison By Adjudication of the Child



Status of Child/Family on Key Indicators

Comparison By Adjudication of the Child



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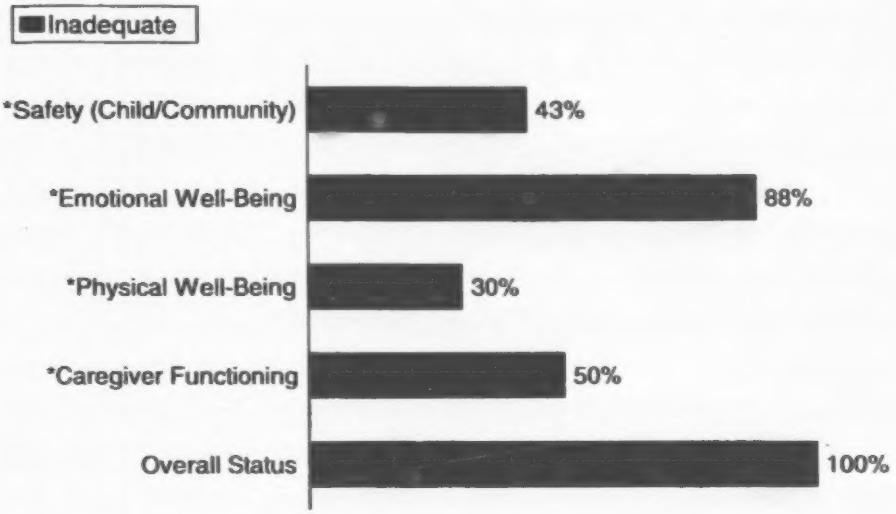
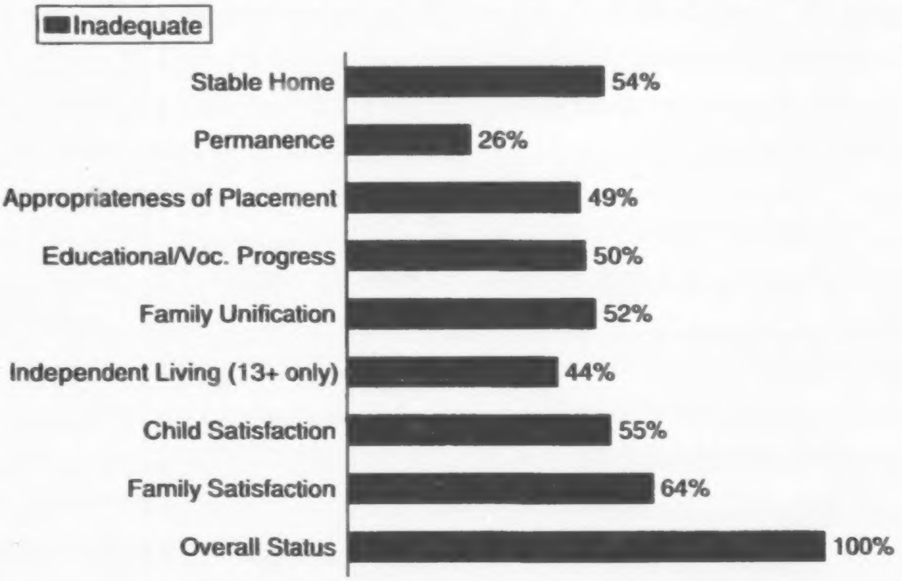
Status of Child/Family on Key Indicators

Negative Cases - Status of Child and Family

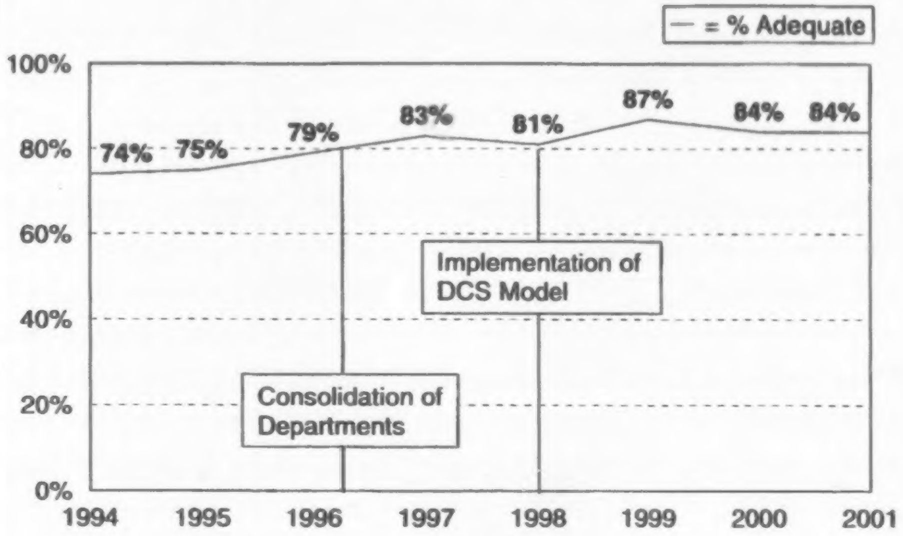


Status of Child/Family on Key Indicators

Negative Cases - Status of Child and Family



Overall Status of the Child and Family

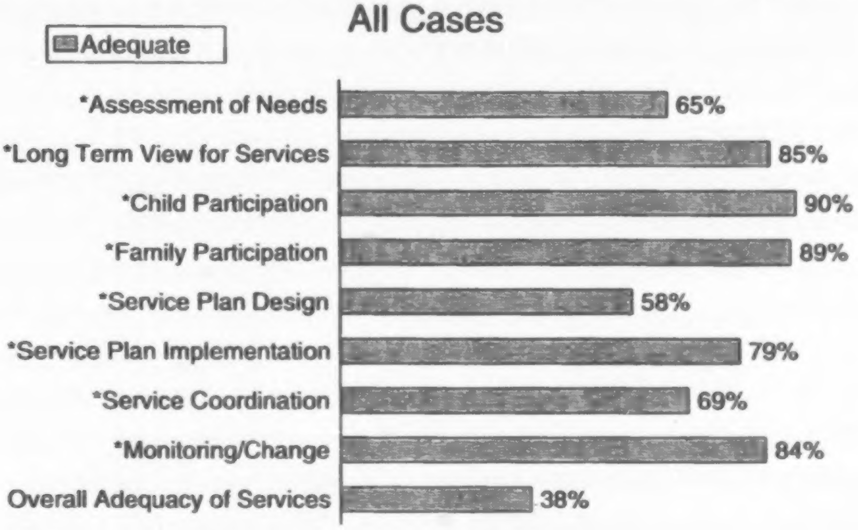


Statewide Indicators	1994 Statewide	1995 Statewide	1996 Statewide	1997 Statewide	1998 Statewide	1999 Statewide	2000 Statewide	2001 Statewide
Total cases reviewed	368	674	654	585	587	583	580	580
Total statewide cases	368	353	352	347	350	348	348	349
*Safety	91	93	92	93	95	95	93	93
*Emotional Well-being	78	78	82	84	85	90	88	87
*Physical Well-being	95	94	96	95	99	98	97	95
*Caregiver Functioning	90	92	91	94	94	96	93	94
Stability	83	83	85	89	89	93	90	88
Permanent Goal	80	83	87	84	82	89	88	91
Appropriateness of Placement	82	85	86	88	89	93	90	90
Educational/Vocational Progress	81	80	82	87	84	88	80	86
Family Unification	58	62	66	68	60	74	80	80
Independent Living (13+)	64	71	70	80	81	86	87	83
Child Satisfaction	58**	76	83	82	82	83	80	76
Family Satisfaction	58**	59	67	69	65	70	68	57
Overall Status	**74**	**75**	**79**	**83**	**81**	**87**	**84**	**84**

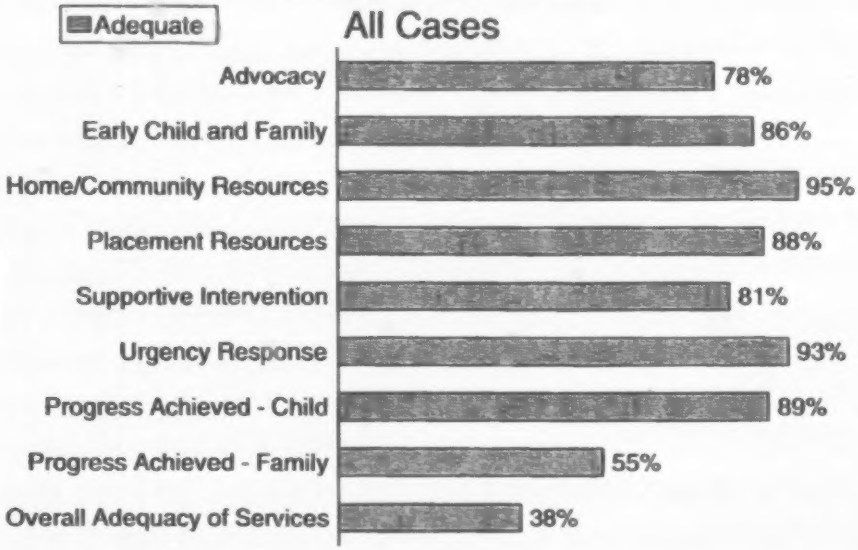
* Applicable starred items must be positive for overall adequate finding.

** Child and Family Satisfaction were rated as a single indicator.

Adequacy Service System Functions on Key Indicators

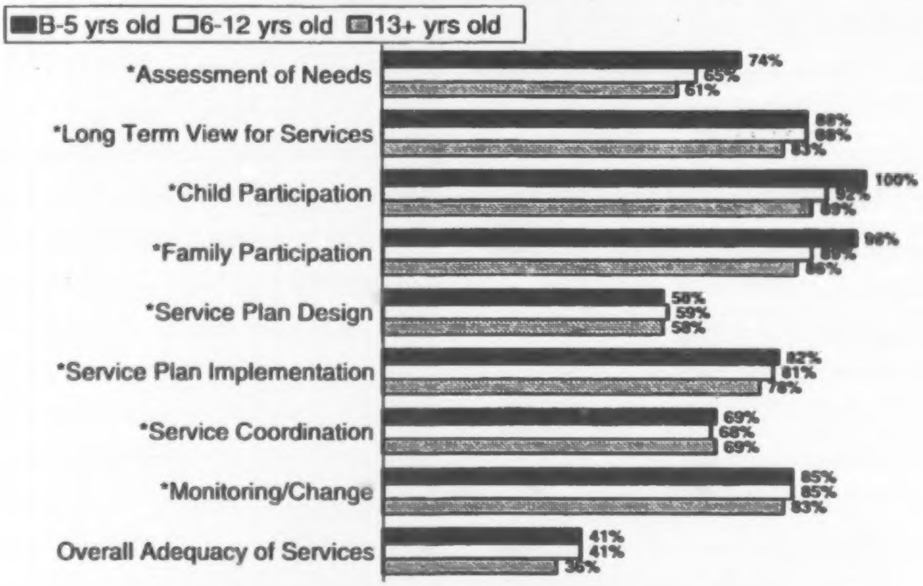


Adequacy Service System Functions on Key Indicators



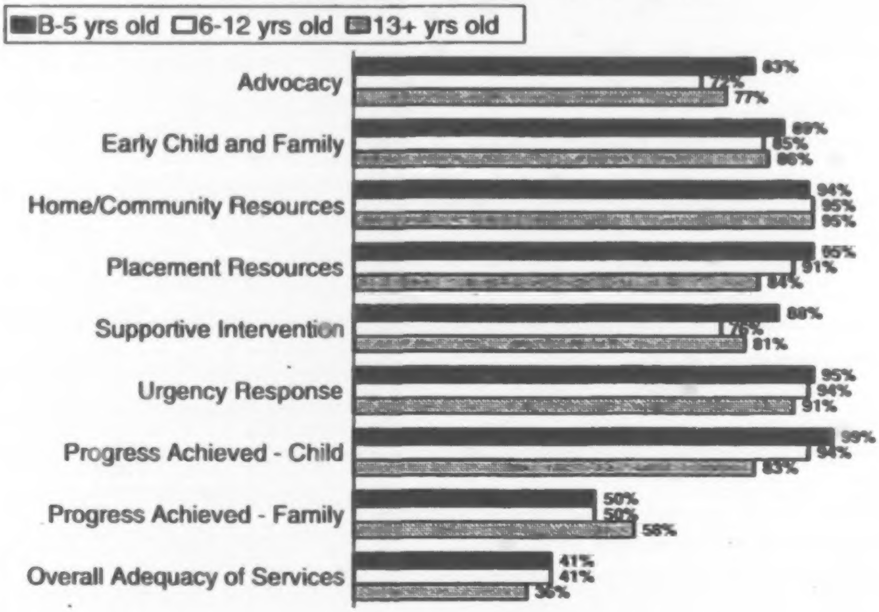
Adequacy Service System Functions on Key Indicators

Comparison By Age of the Child



Adequacy Service System Functions on Key Indicators

Comparison By Age of the Child



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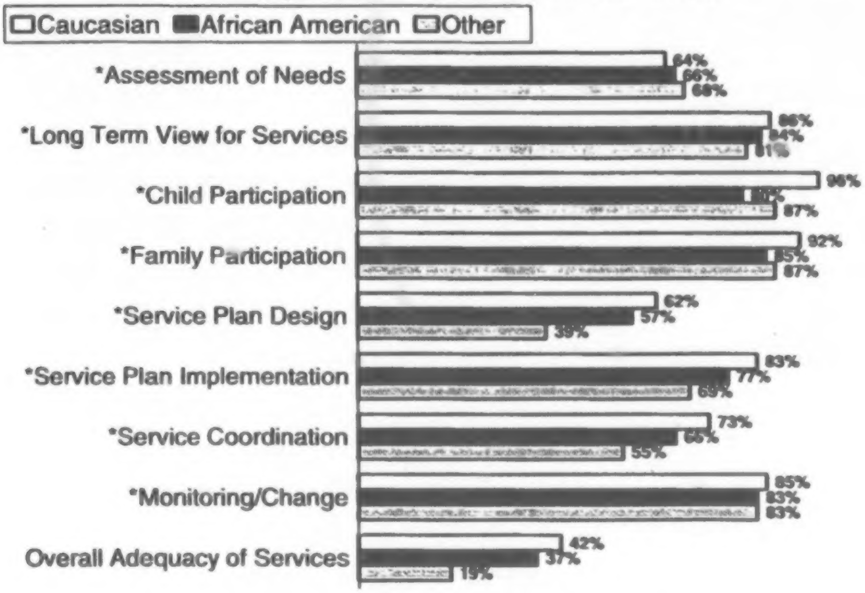
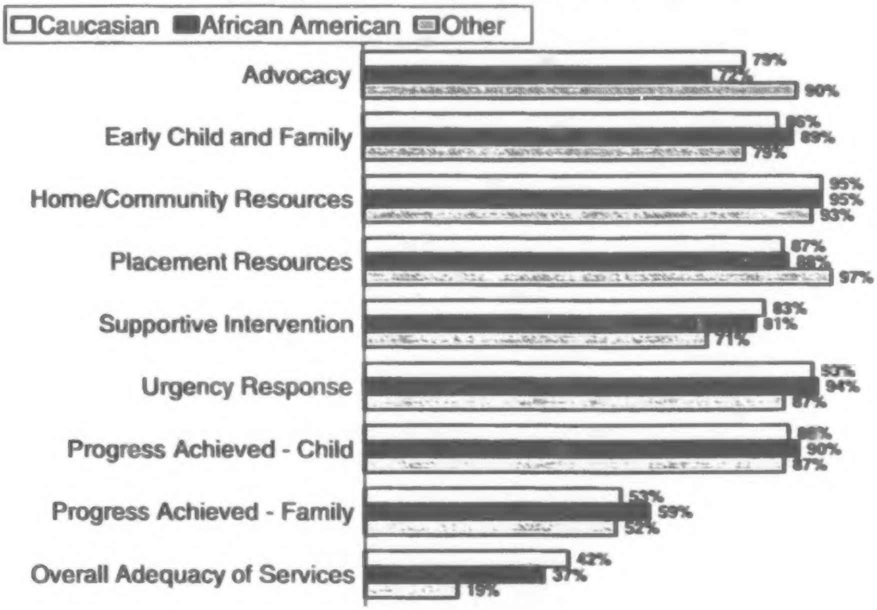
Adequacy Service System Functions on Key Indicators

Comparison By Race of the Child



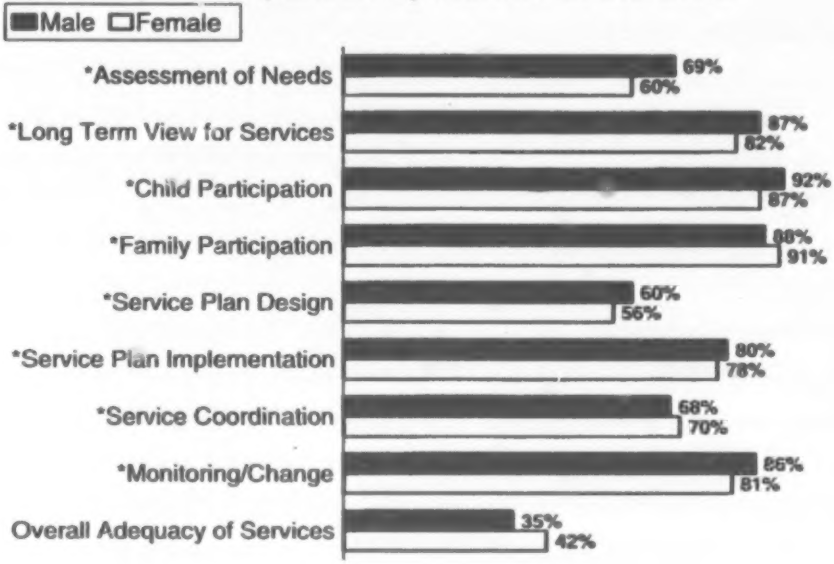
Adequacy Service System Functions on Key Indicators

Comparison By Race of the Child



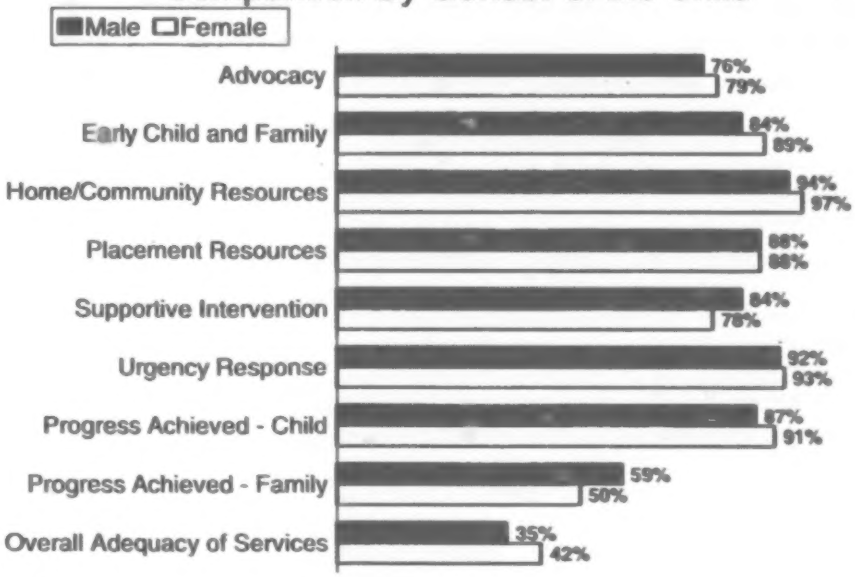
Adequacy Service System Functions on Key Indicators

Comparison By Gender of the Child



Adequacy Service System Functions on Key Indicators

Comparison By Gender of the Child



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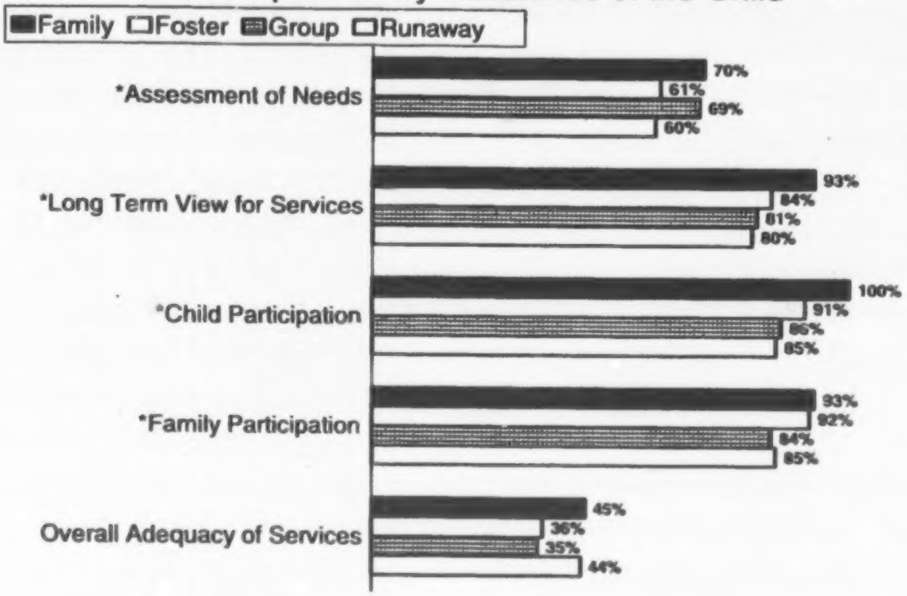
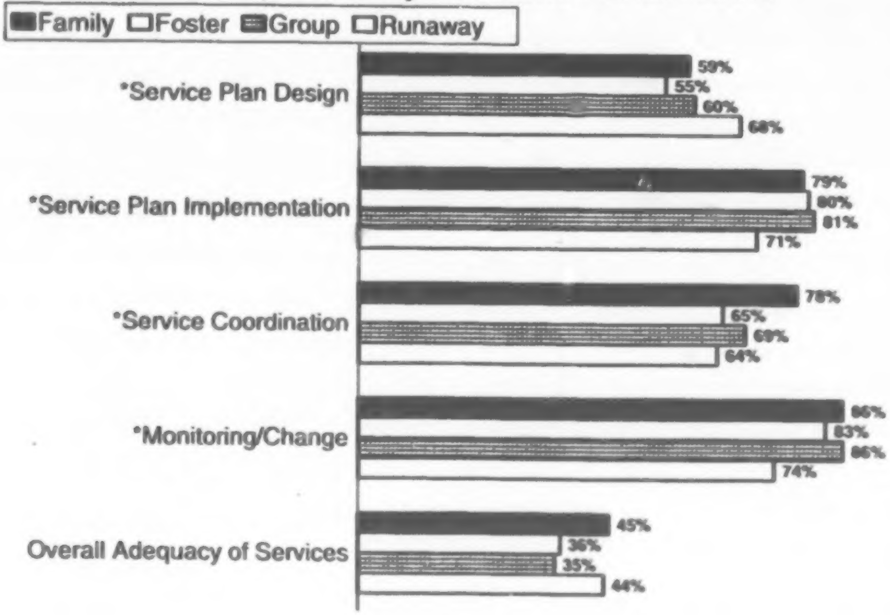
Adequacy Service System Functions on Key Indicators

Comparison By Residence of the Child



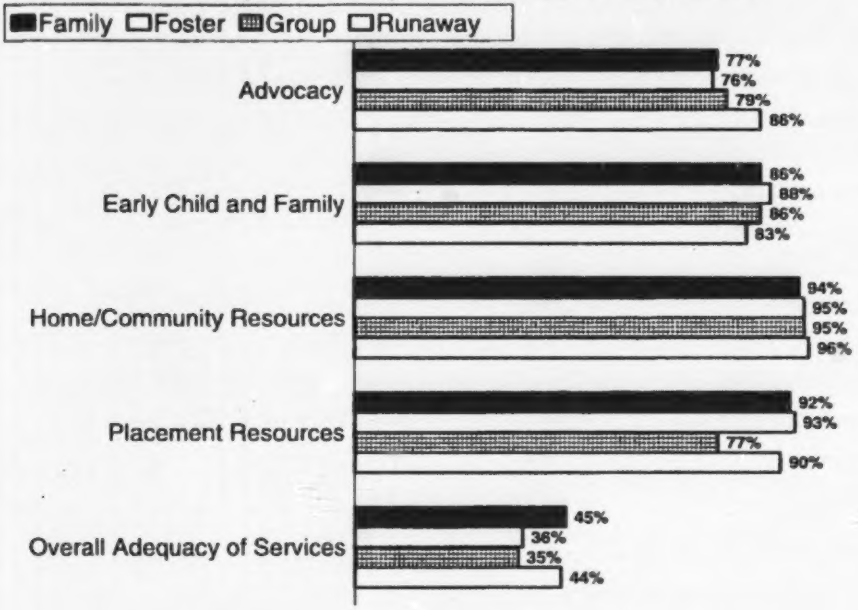
Adequacy Service System Functions on Key Indicators

Comparison By Residence of the Child



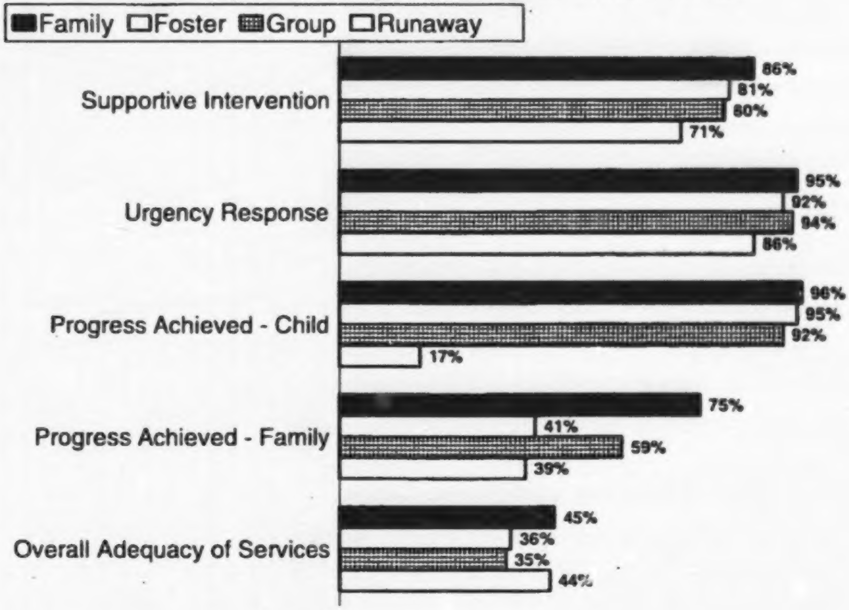
Adequacy Service System Functions on Key Indicators

Comparison By Residence of the Child



Adequacy Service System Functions on Key Indicators

Comparison By Residence of the Child



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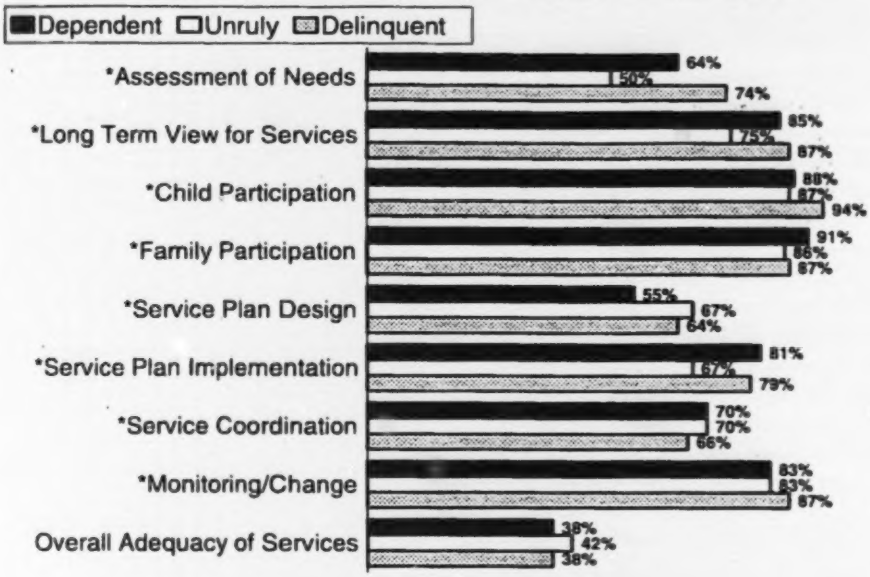
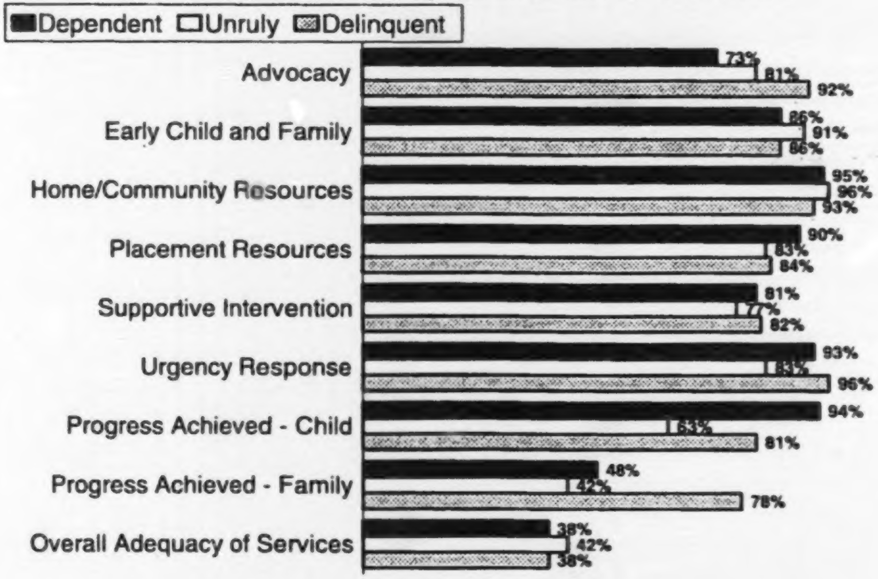
Adequacy Service System Functions on Key Indicators

Comparison By Adjudication of the Child



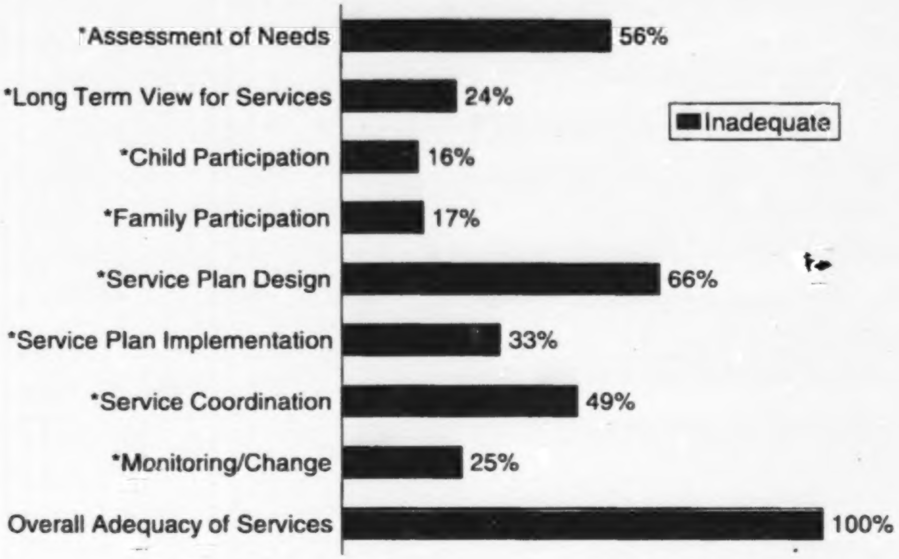
Adequacy Service System Functions on Key Indicators

Comparison By Adjudication of the Child



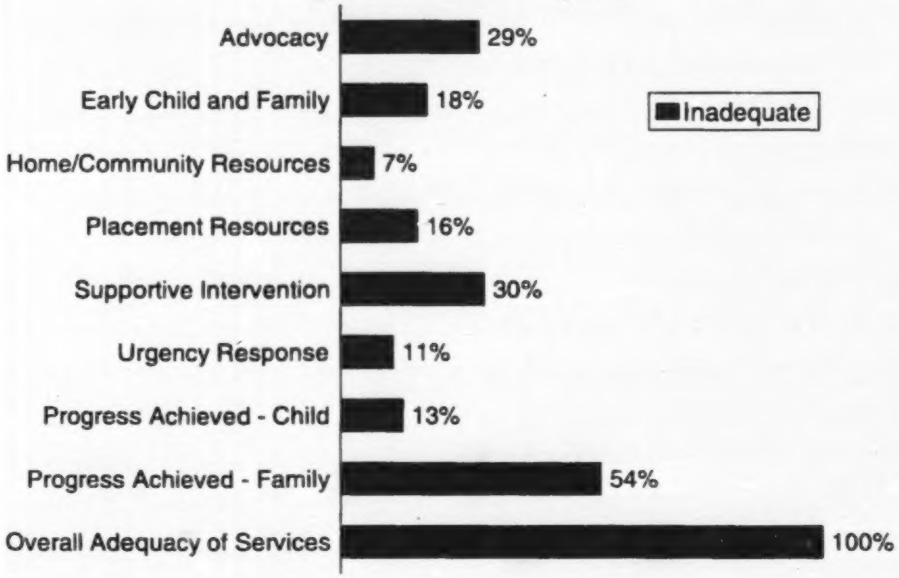
Adequacy Service System Functions on Key Indicators

Negative Cases - System



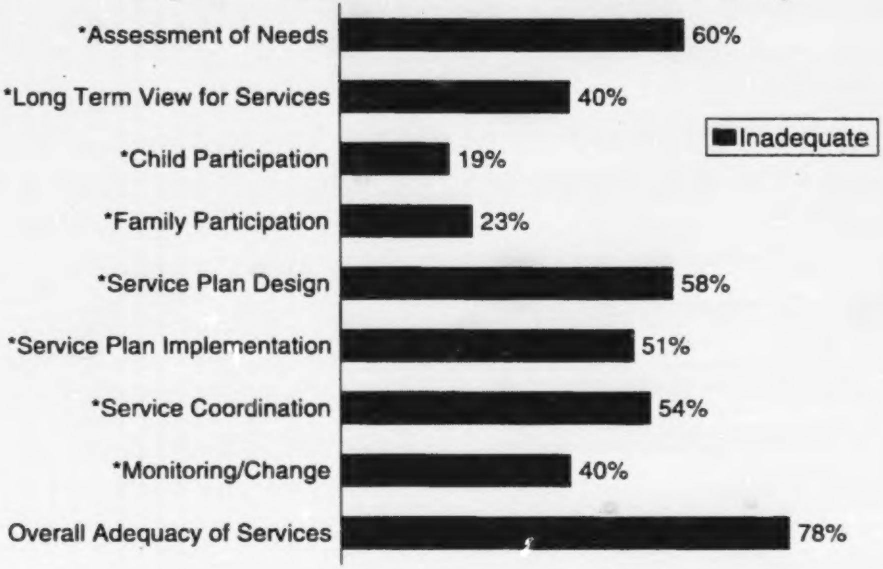
Adequacy Service System Functions on Key Indicators

Negative Cases - System



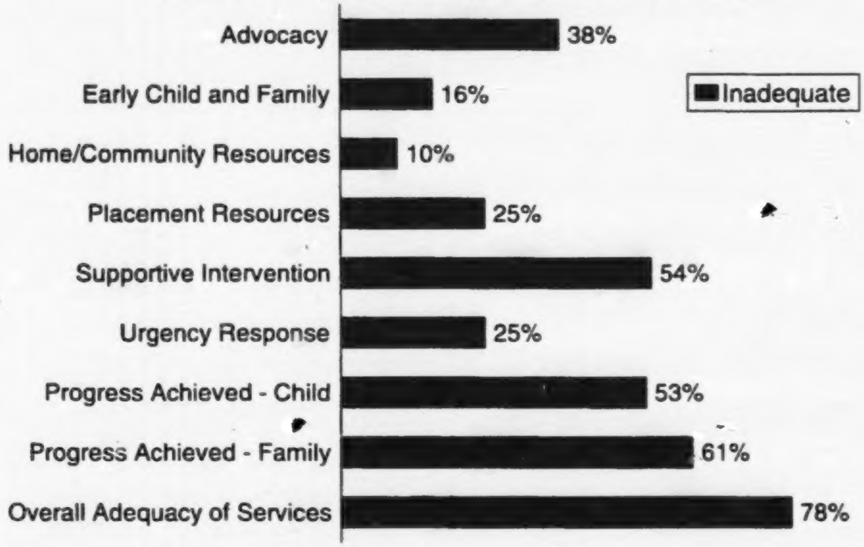
Adequacy Service System Functions on Key Indicators

Negative Cases - Status of Child and Family

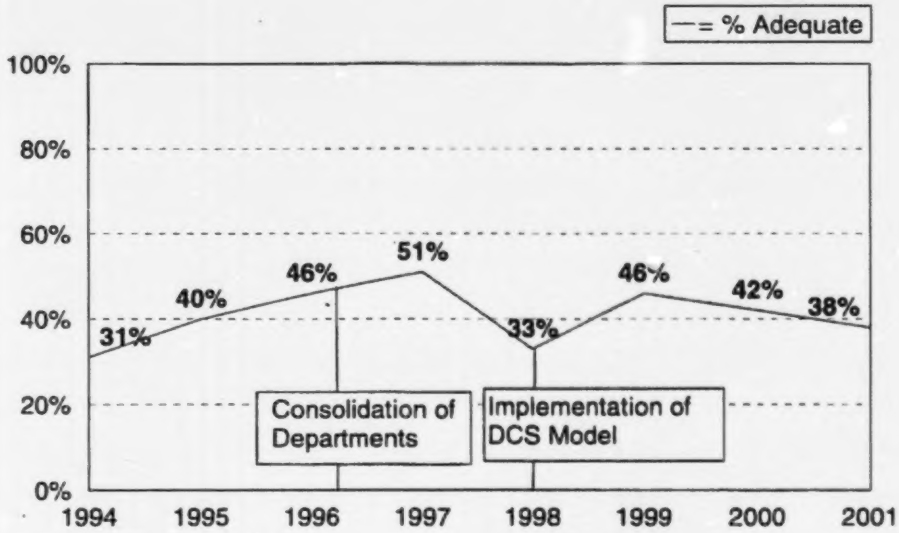


Adequacy Service System Functions on Key Indicators

Negative Cases - Child and Family Status



Overall Adequacy of Service System



Statewide Child/Family	1994 Statewide	1995 Statewide	1996 Statewide	1997 Statewide	1998 Statewide	1999 Statewide	2000 Statewide	2001 Statewide
Total cases reviewed	368	674	654	585	587	583	580	580
Total statewide cases	368	353	352	347	350	348	348	349
*Assessment of Needs	75	80	86	86	73	70	68	65
*Long Term View For Services	64	75	77	83	75	82	85	85
*Child Participation	75**	84	87	92	85	90	90	90
*Family Participation	75**	77	82	81	74	83	89	89
*Service Plan Design	64	63	71	72	48	63	63	58
*Service Plan Implementation	63	66	67	73	69	79	78	79
*Service Coordination	52	61	65	70	59	67	71	69
*Monitoring Change	52	61	66	72	60	74	80	84
Advocacy	63	69	70	69	71	77	72	78
Early Child and Family Intervention	61	64	71	75	74	80	84	86
Home/Community Resources	62	72	74	76	81	88	91	95
Placement Resources	77	83	83	85	88	92	89	88
Support. Intervention toward Permanent Goal	55	64	65	72	64	76	76	81
Urgency Response	77	81	85	88	84	93	92	93
Progress Achieved - Child	80**	83	85	88	86	88	88	88
Progress Achieved - Family	80**	50	56	56	52	55	59	55
Overall Adequacy of Services	**31**	**40**	**46**	**51**	**33**	**46**	**42**	**39**

* Applicable starred items must be positive for overall adequate finding.

** Child and Family for both Participation and Progress Achieved were rated as a single indicator.

Status and System Performance

Comparison by Year of Four-Cell Matrix

2001

Status of Child and family

Service System	Positive	Negative	
Adequate	35%	4%	39%
Inadequate	49%	12%	61%
	84%	16%	

2000

Status of Child and family

Service System	Positive	Negative	
Adequate	38%	4%	42%
Inadequate	46%	12%	58%
	84%	16%	

1999

Status of Child and family

Service System	Positive	Negative	
Adequate	43%	3%	46%
Inadequate	44%	10%	54%
	87%	13%	

1998

Status of Child and family

Service System	Positive	Negative	
Adequate	32%	1%	33%
Inadequate	49%	18%	67%
	81%	19%	

1997

Status of Child and family

Service System	Positive	Negative	
Adequate	48%	3%	**51%**
Inadequate	35%	14%	**49%**
	83%	**17%**	

1996

Status of Child and family

Service System	Positive	Negative	
Adequate	43%	3%	**46%**
Inadequate	36%	18%	**54%**
	79%	**21%**	

1995

Status of Child and family

Service System	Positive	Negative	
Adequate	37%	3%	**40%**
Inadequate	38%	22%	**60%**
	75%	**25%**	

1994

Status of Child and family

Service System	Positive	Negative	
Adequate	29%	2%	**31%**
Inadequate	45%	24%	**69%**
	74%	**26%**	

Appendix D

Critical Issues

Critical Issues for the Child – All Cases

Critical Issues – By Age of the Child

Critical Issues – By Race of the Child

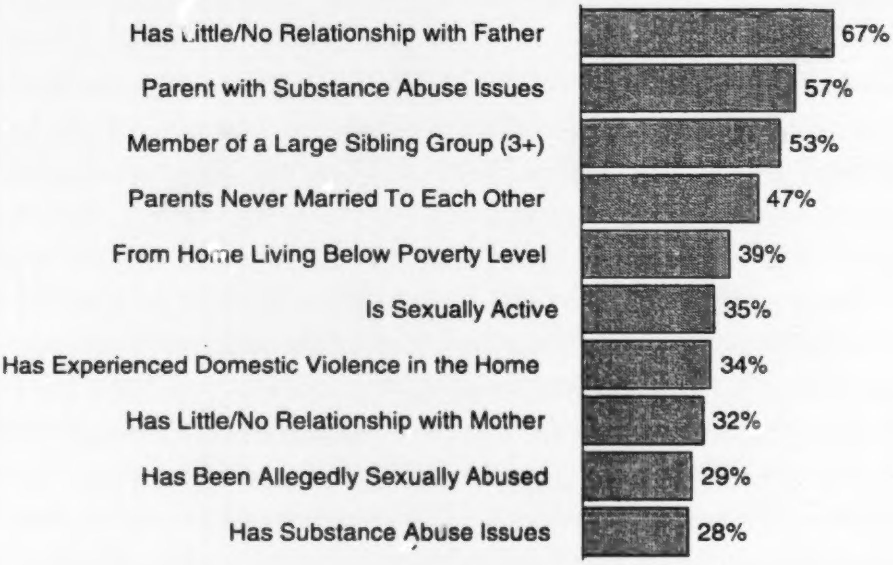
Critical Issues – By Gender of the Child

Critical Issues – By Type of Residence of the Child

Critical Issues – By Adjudication of the Child

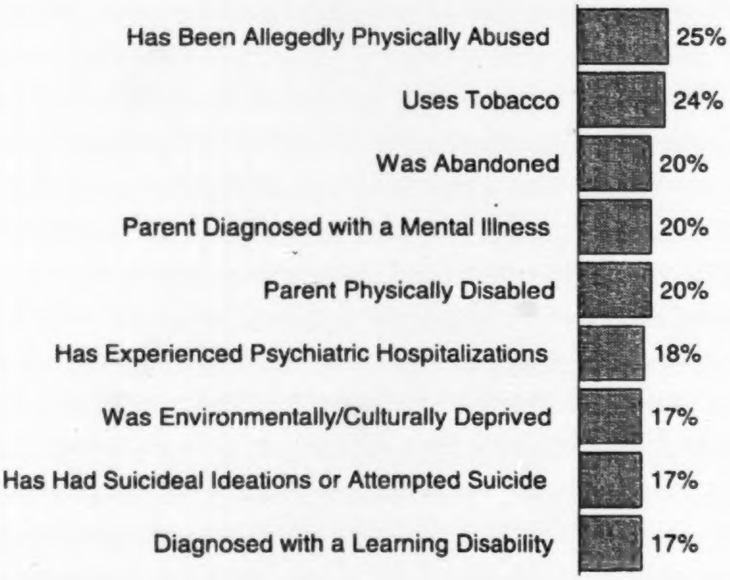
Critical Issues for the Child

All Cases



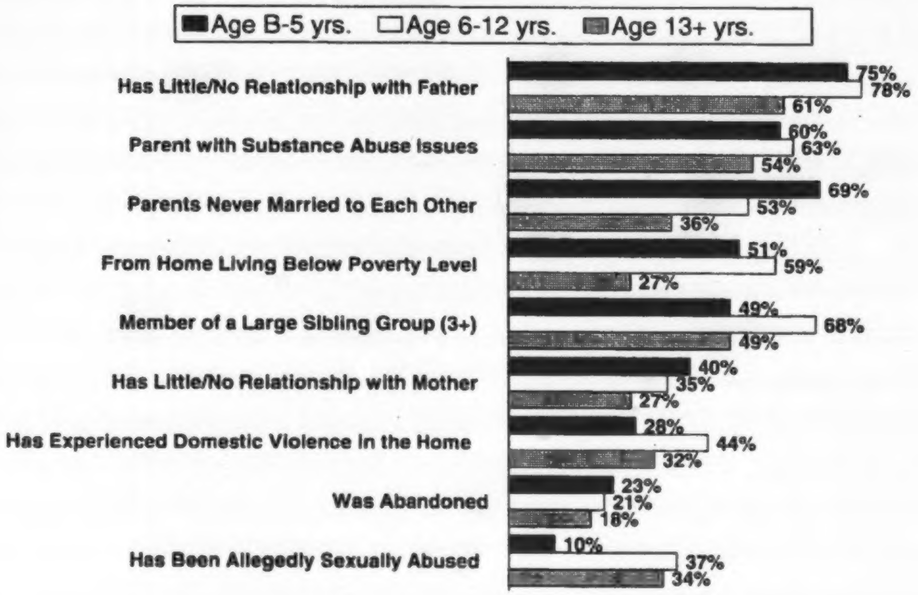
Critical Issues for the Child

All Cases



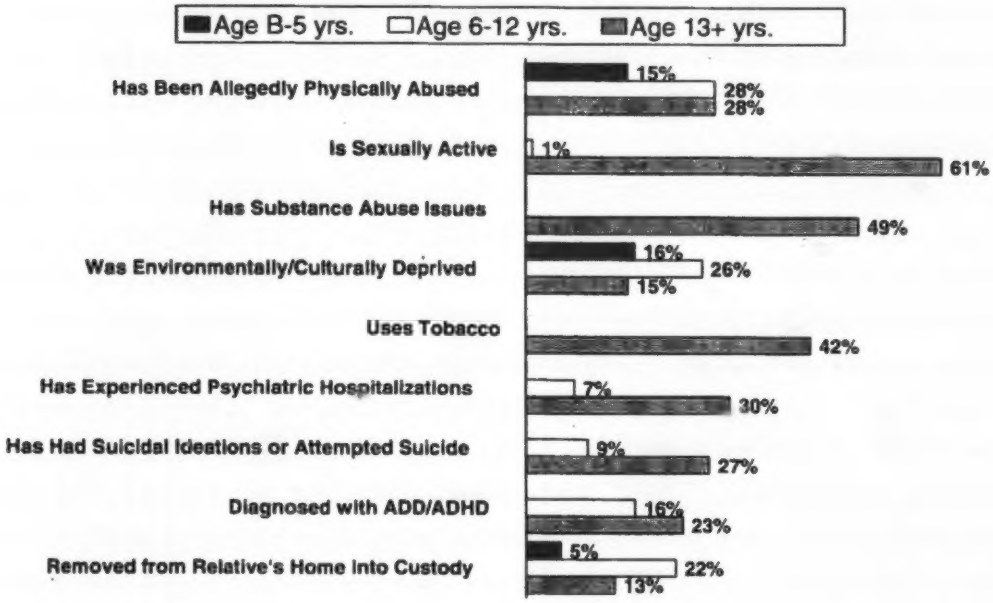
Critical Issues

By Age of the Child



Critical Issues

By Age of the Child



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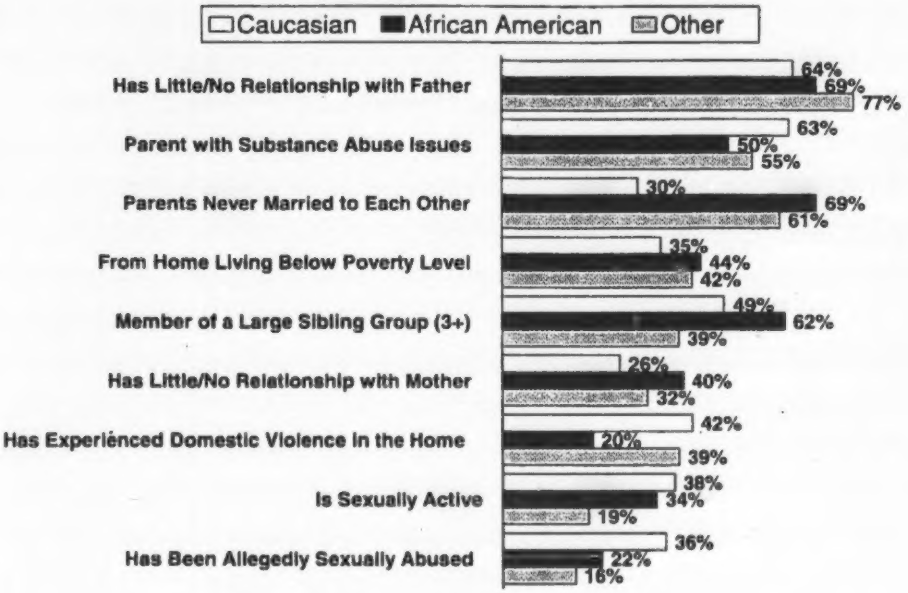
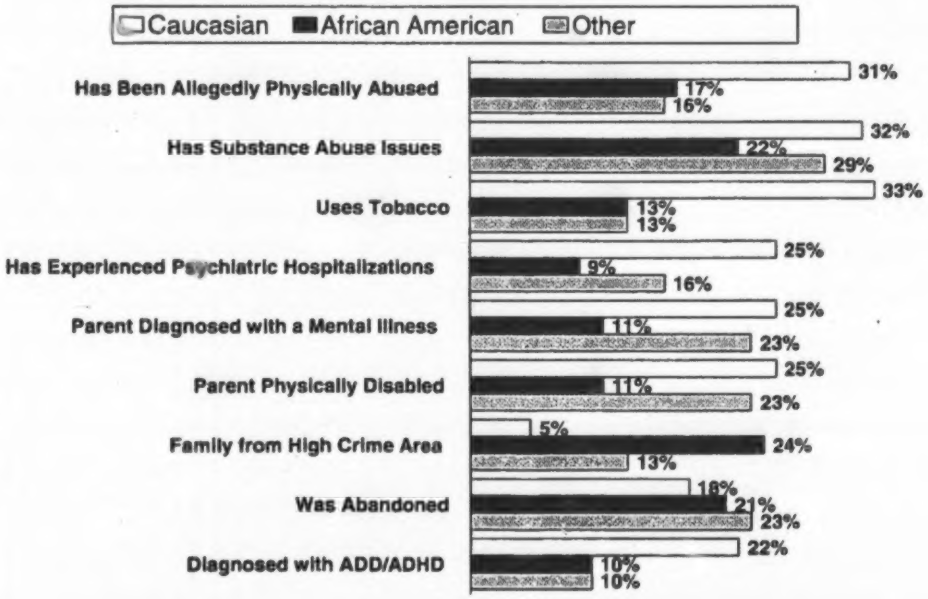
Critical Issues

By Race of the Child



Critical Issues

By Race of the Child



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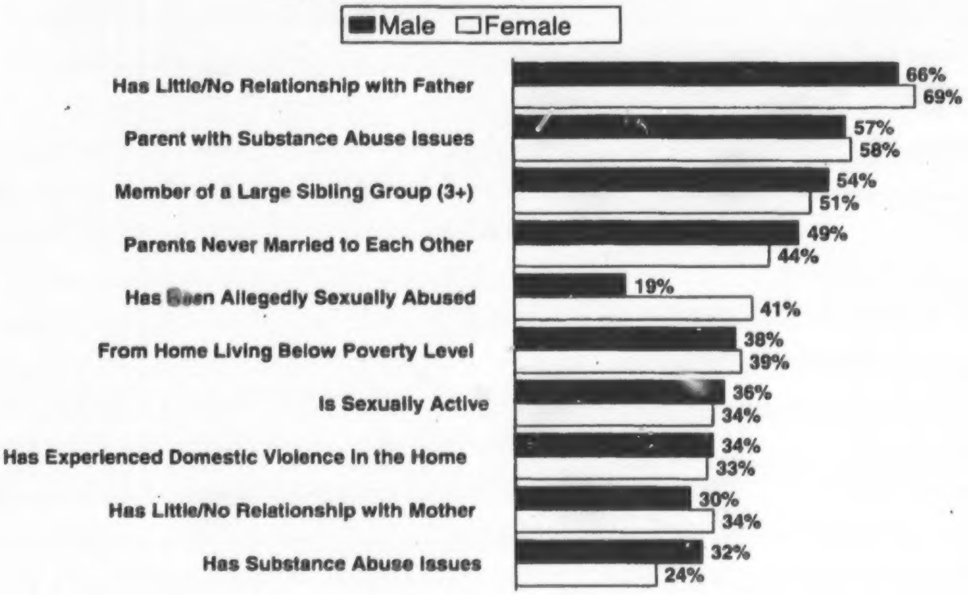
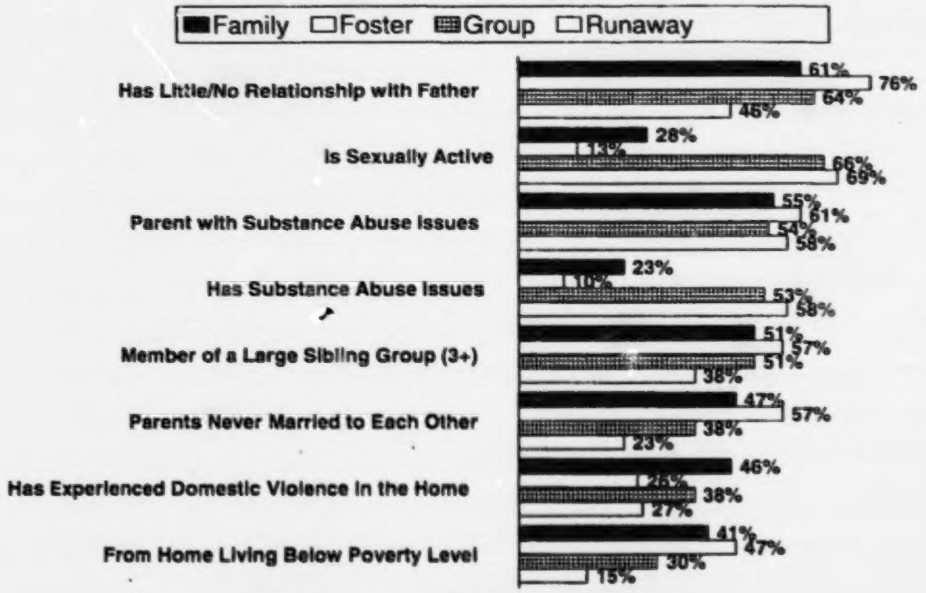
Critical Issues

By Gender of the Child



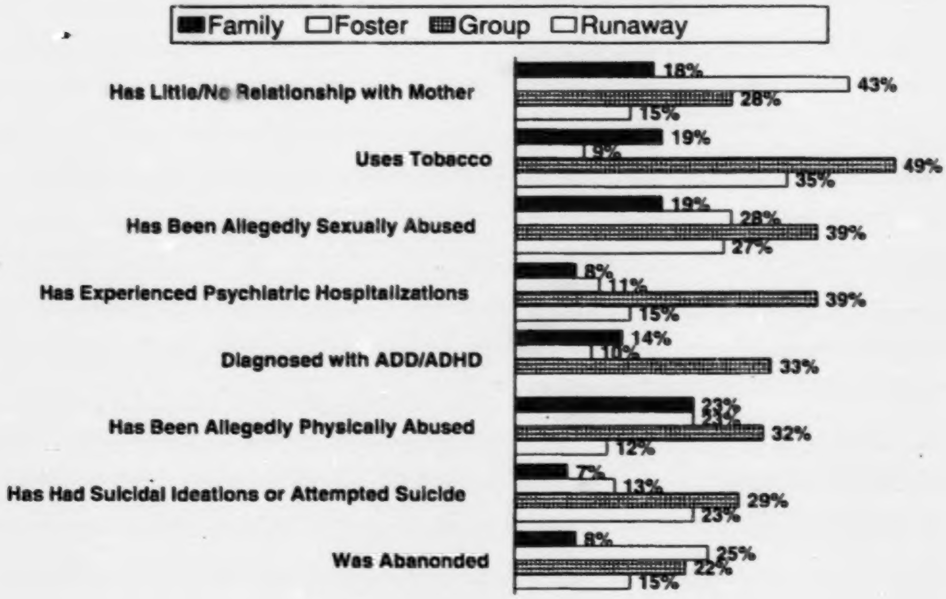
Critical Issues

By Residence of the Child



Critical Issues

By Residence of the Child



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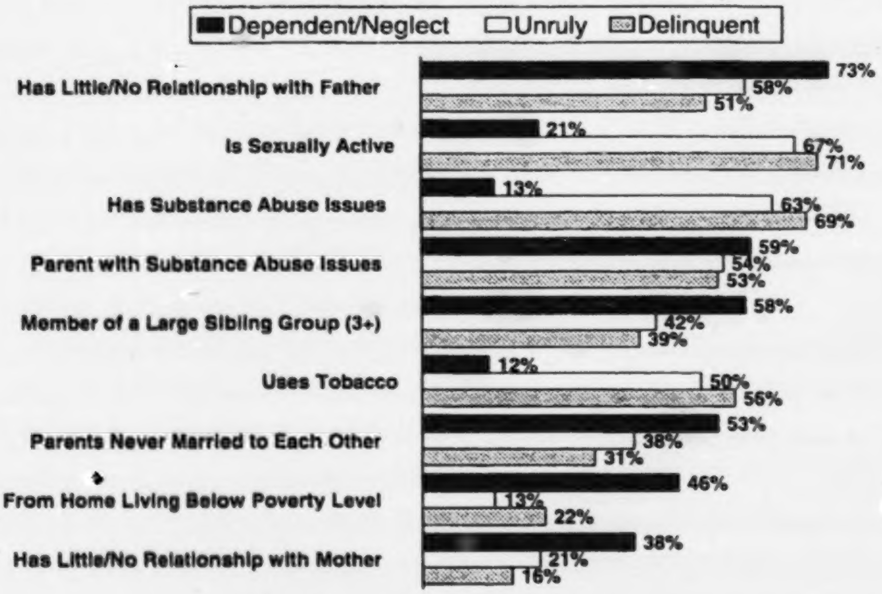
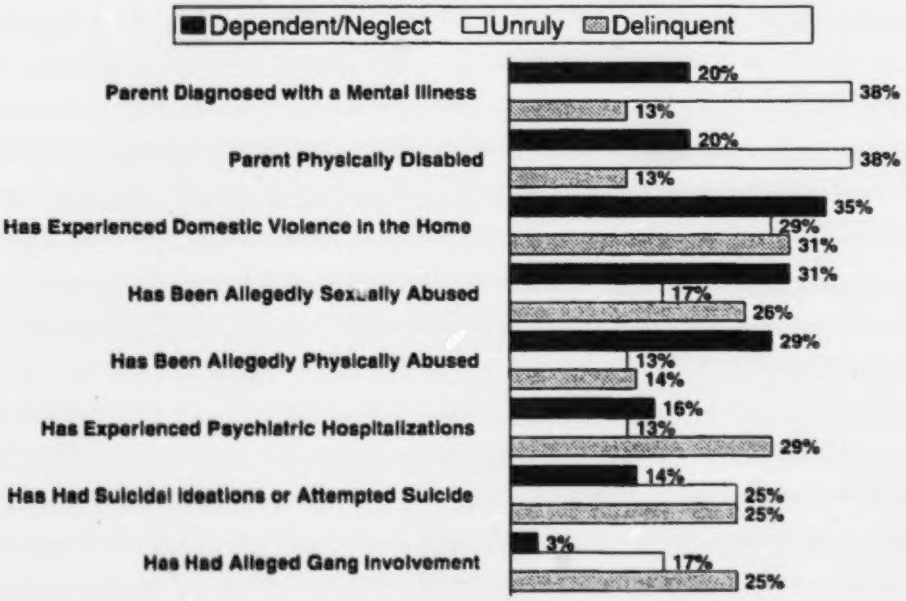
Critical Issues

By Adjudication of the Child



Critical Issues

By Adjudication of the Child



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Appendix E

System Component Performance

System Component Performance – Response Options

System Component Performance – Department of Children's Services

System Component Performance – Placement

System Component Performance – Parents

System Component Performance – Child

System Component Performance – Court

System Component Performance – School

System Component Performance

Reviewers responded to questions regarding responsibilities of the following system components:

- Custodial Department
- Placement
- Parent
- Court
- School System
- Child

Response options and corresponding points given were:

Yes	-	100
Somewhat	-	50
No	-	0
N/A	-	Not included in average

Points were averaged for the scores presented.
*** It should be noted that the scores are NOT percentages.**

Did Department of Children Services...

	00	*01*
Know the child and family and their needs?	*78*	*78*
Work to keep/get the child out of custody if appropriate?	*74*	*76*
If custody was necessary, work to get a family or friend placement, if appropriate?	*79*	*83*
Collect all necessary information to assess the child in a timely manner?	*73*	*71*
Develop a most recent Permanency Plan that sufficiently addressed the child's & family's needs?	*73*	*64*
Develop a Permanency Plan that contained clear objectives?	*71*	*65*

Did Department of Children Services...

	00	01
Work with the placement to avoid disruption?	76	79
Work with the child (& family, if applicable) to achieve Permanent Goal in a timely manner?	68	69
Monitor change, progress, problems and keep the family, child, and court apprised?	71	72
Cooperate with all involved parties to accomplish goals in a timely manner?	74	73
Provide appropriate legal and other assistance necessary to move the child out of state custody in a timely manner?	64	73
Total Average	73	73

Did the Placement...

	00	01
Meet the child's physical needs?	99	96
Meet the child's emotional needs?	90	94
Provide the services that are identified in the Permanency Plan for implementation by the placement agency, or provide written notification that they are not capable of providing identified services?	93	95
Work with the child toward obtaining the Permanent Goal or stepping down in a timely manner?	93	94
Work with the parents/Permanent Goal if appr.?	86	87
Cooperate with all involved parties to accomplish goals in a timely manner?	93	94
Total Average	93	93

Did the Parent(s)...

	00	01
Provide reasonable financial support for the child based on available resources if ordered to do so?	*44*	*38*
Provide informal support (money, clothing, etc.), based on available resources, even if no support ordered?	*53*	*51*
Visit with the child?	*67*	*69*
Assist the child in returning/remaining home or in obtaining the permanent goal?	*54*	*54*
Make efforts to achieve the outcomes identified in the Pernanency Plan in a timely manner?	*53*	*53*
Cooperate with all involved parties to accomplish goals in a timely manner?	*56*	*53*
Total Average	*55*	*54*

Did the Child...

	00	01
Cooperate with the placement in order to avoid a disruption?	*83*	*82*
Work toward the Permanent Goal?	*82*	*81*
Make efforts to achieve the outcomes identified in the Permanency Plan in a timely manner?	*81*	*81*
Achieve progress in treatment?	*81*	*82*
Achieve progress (based on ability) in school or a vocation?	*77*	*79*
Total Average	*81*	*81*

Did the Court...

	00	01
Make efforts to keep the child out of state custody?	87	85
Order a non-custodial assessment, if appropriate or make a referral for other prevention services other than a non-custodial?	52	43
Act in a timely manner?	94	91
Order reasonable financial support for the child based on available resources?	47	44
Review the child in foster care review board every 6 months?	82	90
Keep records or track this child while in custody?	78	82
Facilitate release of the child from state custody, when appropriate, in a timely manner?	71	69
Total Average	75	75

Did the School...

	00	01
Intervene at earliest indication of problems?	83	87
If appropriate, identify problem behaviors and set up behavior modification plans to address them?	82	84
Obtain special evaluations when indicated?	86	87
Convene M-Team for child if indicated?	86	89
Reevaluate every 3 years for recertification, if applicable?	85	90
Include parent(s) in planning?	68	79
Provide special services when indicated?	86	90
Make efforts to keep the child actively involved in and attending school?	88	92
Total Average	83	87

Appendix F

Data by Region

Statewide Demographics – Eight Year Comparison

Demographics by Region

Indicators on Child/Family by Region

Indicators on Service System by Region

Statewide Critical Issues – Eight Year Comparison

Critical Issues by Region

Statewide Demographics Eight Year Comparison

	1994 State wide	1995 State wide	1996 State wide	1997 State wide	1998 State wide	1999 State wide	2000 State wide	2001 State wide
Total cases reviewed	368	674	654	587	587	583	580	580
State Cases	368	353	352	347	350	348	348	349
AGE								
Age B-5 yrs.	17	16	23	22	19	21	13	23
Age 6-12 yrs.	18	24	21	22	24	24	27	20
Age 13+ yrs.	65	60	56	56	57	55	60	57
PLACEMENT								
Family	20	19	26	22	22	25	26	21
Foster	34	43	40	43	43	46	40	40
Group	39	32	29	25	30	23	27	28
Runaway	7	6	5	10	5	6	7	7
Kinship	-	-	-	-	-	-	-	4
ADJUDICATION								
Dependent/Neglect	57	68	68	65	68	72	68	72
Unruly	21	15	12	12	9	5	8	7
Delinquent	22	17	21	23	23	23	24	21

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Demographics by Region

Davidson County Demographics	1995 DA	1996 DA	1997 DA	1998 DA	1999 DA	2000 DA	2001 DA
Total cases reviewed	48	48	49	49	49	49	49
AGE							
Age B-5 yrs.	13	8	22	14	22	6	20
Age 6-12 yrs.	17	25	18	12	12	18	24
Age 13+ yrs.	71	67	59	73	66	76	56
PLACEMENT							
Family	23	25	20	20	33	33	14
Foster	27	21	45	39	36	20	39
Group	42	50	31	37	29	47	31
Runaway	8	4	4	4	2	0	10
Kinship	-	-	-	-	-	-	6
ADJUDICATION							
Dependent/Neglect	69	74	71	55	73	51	69
Unruly	12	4	4	6	0	2	4
Delinquent	19	25	24	39	27	47	27

East Tennessee Demographics	1995 ET	1996 ET	1997 ET	1998 ET	1999 ET	2000 ET	2001 ET
Total cases reviewed	94	49	49	49	49	49	49
AGE							
Age B-5 yrs.	14	23	10	14	16	14	14
Age 6-12 yrs.	18	14	8	25	20	16	20
Age 13+ yrs.	68	63	82	61	64	70	66
PLACEMENT							
Family	22	27	18	22	18	34	25
Foster	40	35	31	41	43	31	49
Group	33	31	41	35	29	29	16
Runaway	5	7	10	2	10	6	10
Kinship	-	-	-	-	-	-	0
ADJUDICATION							
Dependent/Neglect	59	53	43	59	59	61	59
Unruly	24	20	20	10	10	4	14
Delinquent	17	27	37	31	31	35	27

Hamilton County Demographics	1995 HM	1996 HM	1997 HM	1998 HM	1999 HM	2000 HM	2001 HM
Total cases reviewed	48	48	48	48	47	48	47
AGE							
Age B-5 yrs.	21	19	21	23	17	17	15
Age 6-12 yrs.	21	23	21	17	17	21	32
Age 13+ yrs.	58	58	58	60	66	62	53
PLACEMENT							
Family	29	25	31	21	17	10	21
Foster	35	38	29	27	32	31	38
Group	33	27	38	37	38	40	32
Runaway	2	10	2	15	13	19	7
Kinship	-	-	-	-	-	-	2
ADJUDICATION							
Dependent/Neglect	60	54	67	63	64	74	81
Unruly	10	17	2	8	6	13	2
Delinquent	30	29	31	29	30	13	17

Knox County Demographics	**1995 KN**	**1996 KN**	**1997 KN**	**1998 KN**	**1999 KN**	**2000 KN**	**2001 KN**
Total cases reviewed	48	48	47	48	47	47	47
AGE							
Age B-5 yrs.	29	19	19	29	32	15	28
Age 6-12 yrs.	23	25	28	19	28	21	13
Age 13+ yrs.	48	56	53	52	40	64	59
PLACEMENT							
Family	27	21	21	19	15	6	21
Foster	34	37	47	42	51	43	37
Group	33	42	28	39	30	45	36
Runaway	6	0	4	0	4	6	4
Kinship	-	-	-	-	-	-	2
ADJUDICATION							
Dependent/Neglect	79	75	81	79	83	79	77
Unruly	2	2	2	2	2	4	0
Delinquent	19	23	17	19	15	17	23

Mid Cumberland Demographics	**1995 MC**	**1996 MC**	**1997 MC**	**1998 MC**	**1999 MC**	**2000 MC**	**2001 MC**
Total cases reviewed	94	49	49	49	49	49	49
AGE							
Age B-5 yrs.	18	20	16	14	16	18	2
Age 6-12 yrs.	25	12	18	16	22	14	10
Age 13+ yrs.	57	67	65	69	62	68	70
PLACEMENT							
Family	27	33	16	24	22	33	24
Foster	39	30	55	39	56	45	29
Group	28	33	27	31	18	16	35
Runaway	6	4	2	6	4	6	8
Kinship	-	-	-	-	-	-	4
ADJUDICATION							
Dependent/Neglect	58	53	63	63	65	55	61
Unruly	28	14	18	14	8	29	10
Delinquent	14	33	18	22	27	16	29

Northeast Demographics	**1995 NE**	**1996 NE**	**1997 NE**	**1998 NE**	**1999 NE**	**2000 NE**	**2001 NE**
Total cases reviewed	48	48	49	48	48	48	48
AGE							
Age B-5 yrs.	21	10	8	21	23	10	21
Age 6-12 yrs.	15	25	27	19	31	27	17
Age 13+ yrs.	65	65	65	60	46	63	62
PLACEMENT							
Family	23	25	22	29	27	19	8
Foster	42	42	37	33	46	48	48
Group	27	23	27	27	19	25	31
Runaway	8	10	14	10	8	8	11
Kinship	-	-	-	-	-	-	2
ADJUDICATION							
Dependent/Neglect	54	58	57	67	71	61	64
Unruly	21	15	14	10	2	6	15
Delinquent	25	27	29	23	27	33	21

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Northwest Demographics	**1995 NW**	**1996 NW**	**1997 NW**	**1998 NW**	**1999 NW**	**2000 NW**	**2001 NW**
Total cases reviewed	45	46	45	45	45	45	44
AGE							
Age B-5 yrs.	11	20	16	20	16	7	16
Age 6-12 yrs.	22	9	20	20	22	4	16
Age 13+ yrs.	67	72	64	60	62	89	68
PLACEMENT							
Family	18	26	17	13	18	24	32
Foster	42	35	61	42	46	22	36
Group	33	39	19	38	36	45	32
Runaway	7	0	3	7	0	9	0
Kinship	-	-	-	-	-	-	0
ADJUDICATION							
Dependent/Neglect	47	54	44	67	60	40	62
Unruly	24	11	20	4	7	2	11
Delinquent	29	35	36	29	33	58	27
South Central Demographics	**1995 SC**	**1996 SC**	**1997 SC**	**1998 SC**	**1999 SC**	**2000 SC**	**2001 SC**
Total cases reviewed	47	48	48	48	48	48	47
AGE							
Age B-5 yrs.	11	19	23	21	8	10	13
Age 6-12 yrs.	23	27	23	17	27	21	26
Age 13+ yrs.	66	54	54	62	65	69	61
PLACEMENT							
Family	41	38	33	42	27	33	23
Foster	38	35	40	37	42	38	34
Group	21	27	25	21	29	23	41
Runaway	0	0	2	0	2	6	2
Kinship	-	-	-	-	-	-	0
ADJUDICATION							
Dependent/Neglect	44	58	58	56	59	58	62
Unruly	28	29	29	21	8	13	6
Delinquent	28	13	13	23	33	29	32
Southeast Demographics	**1995 SE**	**1996 SE**	**1997 SE**	**1998 SE**	**1999 SE**	**2000 SE**	**2001 SE**
Total cases reviewed	48	48	47	47	47	47	47
AGE							
Age B-5 yrs.	15	19	23	21	21	17	30
Age 6-12 yrs.	17	15	17	32	34	30	17
Age 13+ yrs.	69	67	60	47	45	53	53
PLACEMENT							
Family	38	40	34	26	23	15	30
Foster	21	29	34	53	53	44	49
Group	31	29	26	21	21	30	17
Runaway	10	2	6	0	2	11	4
Kinship	-	-	-	-	-	-	0
ADJUDICATION							
Dependent/Neglect	69	60	62	85	72	74	72
Unruly	16	19	26	9	13	9	9
Delinquent	15	21	13	6	15	17	19

Shelby County Demographics	1995 SH	1996 SH	1997 SH	1998 SH	1999 SH	2000 SH	2001 SH
Total cases reviewed	59	57	59	60	59	56	58
AGE							
Age B-5 yrs.	22	42	37	23	29	20	34
Age 6-12 yrs.	36	23	34	43	24	42	22
Age 13+ yrs.	42	35	29	34	47	38	44
PLACEMENT							
Family	17	18	17	18	29	27	22
Foster	63	56	61	62	39	55	45
Group	20	23	19	17	24	13	16
Runaway	0	4	3	3	8	5	7
Kinship	-	-	-	-	-	-	10
ADJUDICATION							
Dependent/Neglect	95	91	90	92	86	95	98
Unruly	2	4	0	2	0	0	0
Delinquent	3	5	10	6	14	5	2

Southwest Demographics	1995 SW	1996 SW	1997 SW	1998 SW	1999 SW	2000 SW	2001 SW
Total cases reviewed	48	49	49	49	48	48	48
AGE							
Age B-5 yrs.	17	27	27	16	23	21	10
Age 6-12 yrs.	25	20	18	25	21	35	27
Age 13+ yrs.	58	53	55	59	56	44	63
PLACEMENT							
Family	35	33	22	16	29	19	21
Foster	25	35	37	35	44	54	40
Group	36	24	39	43	25	27	35
Runaway	4	8	2	6	2	0	4
Kinship	-	-	-	-	-	-	0
ADJUDICATION							
Dependent/Neglect	63	76	61	57	63	75	62
Unruly	21	10	20	10	10	4	15
Delinquent	17	14	18	33	27	21	23

Upper Cumberland Demographics	1995 UC	1996 UC	1997 UC	1998 UC	1999 UC	2000 UC	2001 UC
Total cases reviewed	47	47	47	47	47	47	47
AGE							
Age B-5 yrs.	23	21	13	15	17	15	26
Age 6-12 yrs.	26	17	21	17	21	28	32
Age 13+ yrs.	51	62	66	68	62	57	42
PLACEMENT							
Family	11	15	21	30	23	28	26
Foster	62	49	45	47	52	42	40
Group	23	28	26	19	23	28	26
Runaway	4	8	9	4	2	2	4
Kinship	-	-	-	-	-	-	4
ADJUDICATION							
Dependent/Neglect	79	70	60	66	71	62	68
Unruly	8	9	17	13	6	6	2
Delinquent	13	21	23	21	23	32	30

Indicators on Child/Family by Region

Davidson County Status Indicators	**1995 DA**	**1996 DA**	**1997 DA**	**1998 DA**	**1999 DA**	**2000 DA**	**2001 DA**
Total cases reviewed	48	48	49	49	49	49	49
*Safety	85	85	94	96	89	98	92
*Emotional Well-being	75	82	83	83	90	84	83
*Physical Well-being	85	98	100	100	100	100	94
*Caregiver Functioning	93	89	94	93	85	92	93
Stability	79	92	90	87	90	88	82
Permanent Goal	94	92	88	89	96	94	86
Appropriate Placement	73	89	85	91	92	88	83
Ed/Voc Progress	74	91	83	83	88	70	88
Family Unification	61	69	64	71	72	83	78
Independent Living (13+)	69	62	88	82	78	81	88
Child Satisfaction	72	85	94	78	78	60	82
Family Satisfaction	62	64	92	81	63	70	57
Overall Status	**60**	**75**	**81**	**83**	**86**	**84**	**84**

East Tennessee Status Indicators	**1995 ET**	**1996 ET**	**1997 ET**	**1998 ET**	**1999 ET**	**2000 ET**	**2001 ET**
Total cases reviewed	94	49	49	49	49	49	49
*Safety	97	94	92	100	94	96	90
*Emotional Well-being	81	75	84	92	88	85	88
*Physical Well-being	97	93	92	98	96	98	94
*Caregiver Functioning	98	91	93	94	100	96	96
Stability	84	79	88	90	92	91	88
Permanent Goal	87	85	88	86	94	89	98
Appropriate Placement	86	87	87	90	94	96	88
Ed/Voc Progress	86	76	89	88	88	81	91
Family Unification	67	74	75	70	78	91	77
Independent Living (13+)	72	76	88	88	90	92	82
Child Satisfaction	78	82	85	80	85	81	70
Family Satisfaction	57	63	71	53	73	79	69
Overall Status	**80**	**76**	**80**	**84**	**87**	**83**	**86**

Hamilton County Status Indicators	**1995 HM**	**1996 HM**	**1997 HM**	**1998 HM**	**1999 HM**	**2000 HM**	**2001 HM**
Total cases reviewed	48	48	48	48	47	48	47
*Safety	96	90	94	81	84	87	94
*Emotional Well-being	81	82	79	82	83	77	89
*Physical Well-being	98	96	98	95	98	91	98
*Caregiver Functioning	92	87	91	90	95	90	91
Stability	90	77	85	78	83	84	94
Permanent Goal	94	79	85	83	84	89	92
Appropriate Placement	90	80	89	78	92	84	91
Ed/Voc Progress	78	80	69	70	77	67	86
Family Unification	77	66	70	60	77	77	69
Independent Living (13+)	69	57	68	68	87	84	94
Child Satisfaction	86	76	68	79	84	74	84
Family Satisfaction	69	52	83	59	69	58	59
Overall Status	**81**	**79**	**79**	**75**	**76**	**72**	**85**

Northwest Status Indicators	**1995 NW**	**1996 NW**	**1997 NW**	**1998 NW**	**1999 NW**	**2000 NW**	**2001 NW**
Total cases reviewed	45	46	45	45	45	45	44
*Safety	96	94	98	91	98	95	95
*Emotional Well-being	84	87	93	91	93	95	82
*Physical Well-being	96	100	98	98	100	100	100
*Caregiver Functioning	93	91	98	93	98	100	95
Stability	98	87	98	91	96	89	95
Permanent Goal	84	96	91	81	93	95	95
Appropriate Placement	91	94	95	91	91	88	93
Ed/Voc Progress	87	92	90	94	92	93	95
Family Unification	68	82	71	67	76	89	85
Independent Living (13+)	89	90	83	86	82	100	88
Child Satisfaction	80	88	87	91	79	86	71
Family Satisfaction	59	67	73	68	69	90	59
Overall Status	**80**	**85**	**91**	**84**	**93**	**91**	**80**
South Central Status Indicators	**1995 SC**	**1996 SC**	**1997 SC**	**1998 SC**	**1999 SC**	**2000 SC**	**2001 SC**
Total cases reviewed	47	48	48	48	48	48	47
*Safety	96	94	94	96	98	92	96
*Emotional Well-being	77	68	82	87	98	83	87
*Physical Well-being	100	98	96	100	98	94	98
*Caregiver Functioning	91	89	91	94	98	96	93
Stability	85	83	96	91	98	83	89
Permanent Goal	85	85	85	89	85	85	96
Appropriate Placement	96	87	91	96	93	83	89
Ed/Voc Progress	93	88	80	95	95	87	83
Family Unification	76	55	68	68	68	72	83
Independent Living (13+)	59	62	79	92	84	85	83
Child Satisfaction	82	72	100	82	85	83	66
Family Satisfaction	68	56	77	67	64	57	52
Overall Status	**77**	**69**	**83**	**87**	**91**	**81**	**85**
Southeast Status Indicators	**1995 SE**	**1996 SE**	**1997 SE**	**1998 SE**	**1999 SE**	**2000 SE**	**2001 SE**
Total cases reviewed	48	48	47	47	47	47	47
*Safety	89	96	97	96	98	91	91
*Emotional Well-being	80	85	80	76	91	86	85
*Physical Well-being	91	98	98	98	98	95	96
*Caregiver Functioning	93	88	93	85	98	93	98
Stability	74	89	87	83	98	89	89
Permanent Goal	89	77	79	77	84	85	94
Appropriate Placement	86	91	89	81	100	91	96
Ed/Voc Progress	68	73	88	72	83	86	94
Family Unification	64	61	70	57	69	74	72
Independent Living	54	63	81	70	94	89	100
Child Satisfaction	79	78	75	80	82	88	84
Family Satisfaction	52	59	58	41	58	68	59
Overall Status	**73**	**81**	**79**	**74**	**89**	**82**	**85**

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Knox County Status Indicators	**1995 KN**	**1996 KN**	**1997 KN**	**1998 KN**	**1999 KN**	**2000 KN**	**2001 KN**
Total cases reviewed	48	48	47	48	47	47	47
*Safety	91	96	96	100	96	98	94
*Emotional Well-being	91	90	89	94	85	98	94
*Physical Well-being	96	98	96	98	96	100	96
*Caregiver Functioning	95	98	100	94	98	100	98
Stability	83	88	96	92	91	100	91
Permanent Goal	87	89	96	85	87	94	98
Appropriate Placement	89	91	91	92	85	93	98
Ed/Voc Progress	78	95	95	95	92	95	89
Family Unification	58	63	75	75	77	90	97
Independent Living (13+)	80	80	96	100	80	88	95
Child Satisfaction	80	80	84	81	80	83	87
Family Satisfaction	55	61	52	88	70	70	60
Overall Status	**87**	**87**	**89**	**83**	**80**	**93**	**92**
Mid Cumberland Status Indicators	**1995 MC**	**1996 MC**	**1997 MC**	**1998 MC**	**1999 MC**	**2000 MC**	**2001 MC**
Total cases reviewed	94	49	49	49	49	49	49
*Safety	88	94	96	96	98	94	90
*Emotional Well-being	70	85	79	85	81	83	87
*Physical Well-being	97	92	100	98	94	94	98
*Caregiver Functioning	82	89	94	93	89	96	89
Stability	75	84	92	84	88	82	85
Permanent Goal	75	90	78	85	82	88	92
Appropriate Placement	84	89	81	87	88	93	89
Ed/VocProgress	76	78	90	88	79	78	88
Family Unification	60	73	51	50	75	76	89
Independent Living (13+)	70	76	70	83	79	86	76
Child Satisfaction	71	84	83	73	80	71	65
Family Satisfaction	51	65	57	52	77	41	53
Overall Status	**67**	**78**	**77**	**80**	**79**	**84**	**79**
Northeast Status Indicators	**1995 NE**	**1996 NE**	**1997 NE**	**1998 NE**	**1999 NE**	**2000 NE**	**2001 NE**
Total cases reviewed	48	48	49	48	48	48	48
*Safety	88	92	85	92	96	91	89
*Emotional Well-being	77	83	83	83	91	89	81
*Physical Well-being	83	94	89	93	98	93	94
*Caregiver Functioning	86	89	95	89	96	95	93
Stability	79	92	83	87	93	89	83
Permanent Goal	79	90	83	85	96	96	92
Appropriate Placement	81	87	85	84	93	93	84
Ed/Voc Progress	71	78	91	72	94	81	74
Family Unification	51	71	79	66	79	70	92
Independent Living (13+)	80	77	100	74	77	92	83
Child Satisfaction	82	87	69	71	87	80	77
Family Satisfaction	55	69	61	78	75	76	59
Overall Status	**73**	**75**	**78**	**81**	**87**	**87**	**81**

Shelby County Status Indicators	**1995 SH**	**1996 SH**	**1997 SH**	**1998 SH**	**1999 SH**	**2000 SH**	**2001 SH**
Total cases reviewed	59	57	59	60	59	56	58
*Safety	97	95	93	98	98	94	95
*Emotional Well-being	86	86	92	81	96	94	89
*Physical Well-being	98	98	97	100	100	100	95
*Caregiver Functioning	95	95	95	96	100	87	96
Stability	86	88	92	96	94	98	89
Permanent Goal	80	83	83	90	84	86	95
Appropriate Placement	90	84	88	96	98	85	91
Ed/Voc Progress	86	90	89	89	95	77	87
Family Unification	77	79	65	66	69	72	71
Independent Living (13+)	61	70	73	86	93	87	62
Child Satisfaction	76	88	86	90	84	92	77
Family Satisfaction	60	74	62	79	57	93	64
Overall Status	**85**	**86**	**92**	**81**	**94**	**82**	**82**
Southwest Status Indicators	**1995 SW**	**1996 SW**	**1997 SW**	**1998 SW**	**1999 SW**	**2000 SW**	**2001 SW**
Total cases reviewed	48	49	49	49	48	48	48
*Safety	87	90	96	90	98	98	92
*Emotional Well-being	79	87	85	82	85	85	85
*Physical Well-being	96	96	96	94	100	96	94
*Caregiver Functioning	87	87	92	83	92	90	92
Stability	81	85	92	79	96	92	90
Permanent Goal	81	84	83	64	83	96	83
Appropriate Placement	85	82	86	78	91	90	87
Ed/VocProgress	81	87	87	78	79	76	78
Family Unification	55	53	71	69	68	74	69
Independent Living	69	73	96	77	90	78	81
Child Satisfaction	83	74	75	82	73	76	82
Family Satisfaction	64	52	66	64	71	59	73
Overall Status	**75**	**82**	**84**	**73**	**83**	**81**	**81**
Upper Cumberland Status Indicators	**1995 UC**	**1996 UC**	**1997 UC**	**1998 UC**	**1999 UC**	**2000 UC**	**2001 UC**
Total cases reviewed	47	47	47	47	47	47	47
*Safety	94	91	92	93	98	94	94
*Emotional Well-being	81	87	85	84	89	96	85
*Physical Well-being	98	98	89	100	98	100	98
*Caregiver Functioning	96	91	91	89	100	91	93
Stability	92	85	81	89	98	87	89
Permanent Goal	83	89	85	77	85	89	96
Appropriate Placement	91	91	87	84	96	89	96
Ed/VocProgress	83	85	79	87	95	82	85
Family Unification	49	62	63	60	89	80	90
Independent Living (13+)	71	77	65	87	79	80	88
Child Satisfaction	82	88	65	81	82	78	88
Family Satisfaction	59	73	64	56	69	69	68
Overall Status	**79**	**79**	**81**	**77**	**89**	**87**	**81**

Indicators on Service System by Region

Davidson County System Indicators	**1995 DA**	**1996 DA**	**1997 DA**	**1998 DA**	**1999 DA**	**2000 DA**	**2001 DA**
Total cases reviewed	48	48	49	49	49	49	49
*Assessment of Needs	75	85	79	78	57	67	65
*Long Term View For Services	77	83	88	88	78	90	86
*Child Participation	93	92	89	92	92	95	97
*Family Participation	88	87	81	82	80	89	95
*Service Plan Design	77	81	65	37	61	61	57
*Service Plan Implementation	59	71	63	79	76	74	79
*Service Coordination	53	67	65	53	55	65	51
*Monitoring Change	70	72	69	62	65	78	77
Advocacy	94	93	91	92	94	96	100
Early Child and Family Intervention	50	79	81	85	81	91	80
Hom/Comm Resources	75	88	76	88	85	95	98
Placement Resources	82	92	85	92	94	92	92
Support. Intervention toward Permanent Goal	68	63	67	72	73	81	81
Urgency Response	81	83	80	87	92	88	94
Progress Child	85	88	90	87	83	88	90
Progress Family	53	66	63	68	60	72	62
Overall Adequacy of Services	**35**	**56**	**43**	**29**	**39**	**41**	**33**

East Tennessee System Indicators	**1995 ET**	**1996 ET**	**1997 ET**	**1998 ET**	**1999 ET**	**2000 ET**	**2001 ET**
Total cases reviewed	94	49	49	49	49	49	49
*Assessment of Needs	79	84	88	76	73	67	67
*Long Term View For Services	80	75	92	80	90	88	88
*Child Participation	89	88	100	94	97	89	91
*Family Participation	79	88	88	86	87	98	92
*Service Plan Design	68	77	82	43	77	67	50
*Service Plan Implementation	66	67	87	64	87	72	79
*Service Coordination	64	65	76	45	81	62	65
*Monitoring Change	67	69	80	49	83	78	72
Advocacy	67	58	67	60	86	77	77
Early Child and Family Intervention	75	80	91	71	86	93	84
Hom/Comm Resources	70	84	89	79	93	91	96
Placement Resources	78	88	74	84	92	94	94
Support. Intervention toward Permanent Goal	70	73	77	65	87	71	79
Urgency Response	80	88	92	82	98	94	92
Progress Child	89	80	83	86	92	88	88
Progress Family	64	52	64	58	62	63	58
Overall Adequacy of Services	**39**	**53**	**61**	**20**	**61**	**43**	**29**

Hamilton County System Indicators	**1995 HM**	**1996 HM**	**1997 HM**	**1998 HM**	**1999 HM**	**2000 HM**	**2001 HM**
Total cases reviewed	48	48	48	48	47	48	47
*Assessment of Needs	79	85	91	70	74	75	66
*Long Term View For Services	85	69	73	77	74	83	89
*Child Participation	84	80	100	81	88	77	88
*Family Participation	72	70	85	74	80	86	100
*Service Plan Design	71	67	62	52	40	57	51
*Service Plan Implementation	69	62	70	74	68	83	82
*Service Coordination	60	48	63	69	69	73	66
*Monitoring Change	65	54	75	63	80	85	82
Advocacy	73	71	81	71	84	62	83
Early Child and Family Intervention	67	57	72	80	90	80	88
Hom/Comm Resources	80	73	74	82	88	93	96
Placement Resources	83	80	84	90	84	84	87
Support. Intervention toward Permanent Goal	69	54	67	67	61	78	76
Urgency Response	81	75	87	91	85	87	98
Progress Child	85	77	81	76	70	75	85
Progress Family	60	56	53	46	46	44	50
Overall Adequacy of Services	**50**	**35**	**39**	**40**	**28**	**42**	**38**
Knox County System Indicators	**1995 KN**	**1996 KN**	**1997 KN**	**1998 KN**	**1999 KN**	**2000 KN**	**2001 KN**
Total cases reviewed	48	48	47	48	47	47	47
*Assessment of Needs	79	88	92	81	70	79	70
*Long Term View For Services	77	79	87	88	85	94	94
*Child Participation	84	89	84	97	88	97	97
*Family Participation	71	86	82	83	79	91	88
*Service Plan Design	69	73	75	52	67	79	72
*Service Plan Implementation	67	73	83	83	85	91	91
*Service Coordination	77	65	77	71	64	87	74
*Monitoring Change	64	65	75	65	68	94	91
Advocacy	79	82	77	89	89	87	87
Early Child and Family Intervention	72	74	76	81	79	95	86
Hom/Comm Resources	81	85	78	84	88	100	100
Placement Resources	88	70	84	85	88	89	87
Support. Intervention toward Permanent Goal	70	68	82	84	66	91	91
Urgency Response	87	85	93	96	93	100	98
Progress Child	89	89	96	94	85	91	91
Progress Family	37	47	57	58	46	47	72
Overall Adequacy of Services	**46**	**44**	**55**	**44**	**45**	**57**	**51**

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Mid Cumberland System Indicators	1995 MC	1996 MC	1997 MC	1998 MC	1999 MC	2000 MC	2001 MC
Total cases reviewed	94	49	49	49	49	49	49
*Assessment of Needs	78	90	82	80	69	81	61
*Long Term View For Services	61	84	71	82	84	83	94
*Child Participation	86	93	87	88	95	92	97
*Family Participation	69	83	72	73	85	86	97
*Service Plan Design	55	76	61	71	71	71	73
*Service Plan Implementation	51	67	57	60	66	72	83
*Service Coordination	42	71	61	58	55	67	79
*Monitoring Change	38	63	61	57	65	78	77
Advocacy	67	78	63	70	76	87	77
Early Child and Family Intervention	59	75	65	68	85	87	84
Hom/Comm Resources	62	71	56	78	86	91	98
Placement Resources	83	89	83	85	92	94	88
Support. Intervention toward Permanent Goal	60	70	41	57	69	69	81
Urgency Response	75	90	81	80	96	89	94
Progress - Child	75	85	92	84	88	83	85
Progress - Family	54	61	56	36	56	57	63
Overall Adequacy of Services	**23**	**49**	**41**	**43**	**43**	**47**	**46**

Northeast System Indicators	1995 NE	1996 NE	1997 NE	1998 NE	1999 NE	2000 NE	2001 NE
Total cases reviewed	48	48	49	48	48	48	48
*Assessment of Needs	83	81	88	72	83	73	75
*Long Term View For Services	65	78	90	83	96	88	94
*Child Participation	82	86	100	73	100	89	88
*Family Participation	85	73	91	65	83	91	92
*Service Plan Design	60	64	77	42	65	60	75
*Service Plan Implementation	60	68	89	77	78	88	89
*Service Coordination	67	70	77	62	80	77	77
*Monitoring Change	62	67	80	62	91	79	92
Advocacy	78	81	75	78	84	72	77
Early Child and Family Intervention	68	65	76	93	80	95	95
Hom/Comm Resources	77	71	82	95	87	91	95
Placement Resources	87	81	73	86	86	83	96
Support. Intervention toward Permanent Goal	58	68	84	67	84	92	83
Urgency Response	85	91	87	86	98	92	96
Progress - Child	81	83	82	81	89	81	89
Progress - Family	43	59	62	67	45	57	47
Overall Adequacy of Services	**50**	**46**	**63**	**35**	**56**	**52**	**52**

Northwest System Indicators	**1995 NW**	**1996 NW**	**1997 NW**	**1998 NW**	**1999 NW**	**2000 NW**	**2001 NW**
Total cases reviewed	45	46	45	45	45	45	44
*Assessment of Needs	87	94	89	84	84	82	73
*Long Term View For Services	80	89	84	76	93	93	89
*Child Participation	97	97	100	93	97	100	100
Family Participation	88	91	90	82	89	94	91
*Service Plan Design	82	78	82	49	57	67	50
*Service Plan Implementation	80	89	87	77	83	95	91
*Service Coordination	64	80	84	69	73	88	82
*Monitoring Change	71	74	82	73	87	87	93
Advocacy	71	69	64	82	73	82	84
Early Child and Family Intervention	81	85	74	76	88	93	93
Hom/CommResources	82	87	80	87	95	100	95
Placement Resources	84	83	83	86	83	94	79
Support. Intervention toward Permanent Goal	68	89	80	76	81	67	88
Urgency Response	84	89	91	93	91	95	95
Progress - Child	89	93	89	88	91	88	86
Progress - Family	58	58	64	46	60	87	67
Overall Adequacy of Services	**51**	**59**	**69**	**36**	**51**	**48**	**36**
South Central System Indicators	**1995 SC**	**1996 SC**	**1997 SC**	**1998 SC**	**1999 SC**	**2000 SC**	**2001 SC**
Total cases reviewed	47	48	48	48	48	48	47
*Assessment of Needs	85	71	75	71	52	67	68
*Long Term View For Services	76	60	81	71	81	83	81
*Child Participation	82	82	97	90	94	97	94
Family Participation	74	83	80	90	97	80	88
*Service Plan Design	45	63	69	48	51	67	60
*Service Plan Implementation	68	63	70	61	77	81	82
*Service Coordination	55	58	56	52	57	58	67
*Monitoring Change	63	56	62	54	67	67	93.
Advocacy	67	49	57	73	69	70	82
Early Child and Family Intervention	74	50	65	80	83	56	92
Hom/CommResources	68	57	70	81	80	86	86
Placement Resources	87	81	93	91	96	81	79
Support. Intervention toward Permanent Goal	71	58	61	58	63	72	85
Urgency Response	76	77	88	81	96	90	89
Progress - Child	87	79	89	94	96	85	89
Progress - Family	66	58	62	60	57	45	62
Overall Adequacy of Services	**38**	**40**	**44**	**29**	**29**	**35**	**36**

Southeast System Indicators	**1995 SE**	**1996 SE**	**1997 SE**	**1998 SE**	**1999 SE**	**2000 SE**	**2001 SE**
Total cases reviewed	48	48	47	47	47	47	47
*Assessment of Needs	85	79	87	77	83	79	60
*Long Term View For Services	75	69	79	68	85	83	49
*Child Participation	87	86	82	88	79	97	90
*Family Participation	81	80	79	67	82	94	72
*Service Plan Design	67	60	66	57	59	72	62
*Service Plan Implementation	73	65	74	67	72	78	72
*Service Coordination	60	52	64	68	64	74	66
*Monitoring Change	63	42	64	68	63	83	74
Advocacy	73	57	58	60	49	64	55
Early Child and Family Intervention	67	65	72	72	79	92	92
Hom/Comm Resources	69	62	70	75	86	97	100
Placement Resources	80	86	86	74	93	89	94
Support. Intervention toward Permanent Goal	68	52	60	60	67	73	87
Urgency Response	76	85	91	79	94	92	94
Progress - Child	76	87	87	85	87	86	98
Progress - Family	43	64	59	52	42	46	50
Overall Adequacy of Services	**40**	**31**	**43**	**32**	**38**	**49**	**38**
Shelby County System Indicators	**1995 SH**	**1996 SH**	**1997 SH**	**1998 SH**	**1999 SH**	**2000 SH**	**2001 SH**
Total cases reviewed	59	57	59	60	59	56	58
*Assessment of Needs	80	84	88	63	72	66	63
*Long Term View For Services	73	75	85	80	78	86	82
*Child Participation	70	76	83	72	73	74	63
*Family Participation	74	81	75	76	64	80	76
*Service Plan Design	61	65	75	40	60	47	53
*Service Plan Implementation	66	69	72	77	80	79	68
*Service Coordination	58	75	72	65	70	70	60
*Monitoring Change	54	72	73	68	75	79	76
Advocacy	61	62	62	67	62	45	51
Early Child and Family Intervention	64	67	79	69	67	84	85
Hom/Comm Resources	70	74	84	85	84	92	93
Placement Resources	86	87	91	90	100	85	88
Support. Intervention toward Permanent Goal	58	57	71	68	74	74	74
Urgency Response	85	90	92	84	91	98	90
Progress - Child	91	89	93	96	94	87	93
Progress - Family	58	49	44	58	50	63	57
Overall Adequacy of Services	**42**	**44**	**49**	**32**	**48**	**39**	**28**

Southwest System Indicators	**1995 SW**	**1996 SW**	**1997 SW**	**1998 SW**	**1999 SW**	**2000 SW**	**2001 SW**
Total cases reviewed	48	49	49	49	48	48	48
*Assessment of Needs	79	84	92	74	60	50	60
*Long Term View For Services	79	73	81	54	62	73	79
*Child Participation	91	91	88	80	85	84	93
*Family Participation	83	87	73	63	67	60	81
*Service Plan Design	58	67	79	41	40	44	44
*Service Plan Implementation	64	61	77	60	64	63	78
*Service Coordination	52	55	65	57	42	48	69
*Monitoring Change	47	63	71	45	55	69	77
Advocacy	64	66	50	64	51	43	62
Early Child and Family Intervention	76	66	63	67	71	75	93
Hom/Comm Resources	65	67	78	71	88	85	89
Placement Resources	77	84	91	89	84	89	85
Support. Intervention toward Permanent Goal	61	64	72	52	58	61	64
Urgency Response	85	73	88	77	87	89	92
Progress - Child	78	88	88	85	89	93	89
Progress - Family	46	55	59	35	62	56	37
Overall Adequacy of Services	**33**	**45**	**47**	**24**	**25**	**21**	**31**

Upper Cumberland System Indicators	**1995 UC**	**1996 UC**	**1997 UC**	**1998 UC**	**1999 UC**	**2000 UC**	**2001 UC**
Total cases reviewed	47	47	47	47	47	47	47
*Assessment of Needs	77	81	89	66	83	74	57
*Long Term View For Services	77	81	92	72	92	85	94
*Child Participation	76	89	92	86	94	95	100
*Family Participation	81	86	90	80	94	90	95
*Service Plan Design	51	68	81	45	74	60	64
*Service Plan Implementation	61	78	79	69	82	77	85
*Service Coordination	60	68	81	68	83	68	79
*Monitoring Change	47	57	77	68	89	83	83
Advocacy	57	59	54	67	72	67	85
Early Child and Family Intervention	66	74	67	74	83	76	90
Hom/Comm Resources	73	72	72	84	91	88	94
Placement Resources	94	80	83	87	100	80	89
Support. Intervention toward Permanent Goal	64	68	79	70	87	85	83
Urgency Response	85	77	83	80	98	92	96
Progress - Child	87	89	85	87	93	89	89
Progress - Family	56	58	71	58	79	78	67
Overall Adequacy of Services	**36**	**47**	**62**	**30**	**60**	**38**	**36**

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Statewide Critical Issues – Eight-Year Comparison

Statewide Critical Issues	1994 Statewide	1995 Statewide	1996 Statewide	1997 Statewide	1998 Statewide	1999 Statewide	2000 Statewide	2001 Statewide
Total cases reviewed	368	674	654	585	587	583	580	580
State cases	368	353	352	347	350	348	348	349
Status	74	75	79	83	81	87	84	84
System	31	40	46	51	33	46	42	39
Appropriate for Custody	84	88	94	93	93	97	94	95
Custody too Long	19	26	22	24	28	26	28	30
Incarceration of Parents	28	40	47	51	57	55	59	61
Parents w/ Substance Abuse Issues	-	54	54	63	65	64	62	64
Children with Substance Abuse Issues	-	23	21	24	25	26	30	29
Experienced Domestic Violence in the Home	-	30	20	28	26	29	32	34
Little/No Relationship With Father	-	-	54	65	61	63	65	67
Alledgedly Sexually Abused	-	33	34	25	27	26	23	29

A dash (-) signifies that no data was collected.

Critical Issues by Region

Davidson County Critical Issues	1995 DA	1996 DA	1997 DA	1998 DA	1999 DA	2000 DA	2001 DA
Total cases reviewed	48	48	49	49	49	49	49
Status	60	75	81	83	86	84	84
System	35	56	43	29	39	41	33
Appropriate for Custody	83	96	98	92	94	98	90
Custody too Long	20	15	12	18	14	12	30
Incarceration of Parents	31	40	53	65	69	57	57
Parents with Substance Abuse Issues	52	56	67	69	69	63	71
Children with Substance Abuse Issues	35	33	10	31	39	53	33
Experienced Domestic Violence in the Home	-	17	18	12	41	33	45
Little/No Relationship With Father	-	60	63	65	69	65	67
Alledgedly Sexually Abused	-	29	14	24	18	20	27
East TN Critical Issues	**1995 ET**	**1996 ET**	**1997 ET**	**1998 ET**	**1999 ET**	**2000 ET**	**2001 ET**
Total cases reviewed	94	49	49	49	49	49	49
Status	80	76	80	84	87	83	86
System	39	53	61	20	61	43	29
Appropriate for Custody	84	98	92	96	94	94	98
Custody too Long	23	17	18	24	22	29	37
Incarceration of Parents	36	47	43	47	56	46	63
Parents with Substance Abuse Issues	-	58	63	47	63	57	67
Children with Substance Abuse Issues	-	20	41	37	41	39	29
Experienced Domestic Violence in the Home	34	33	39	29	35	22	39
Little/No Relationship With Father	-	65	61	47	57	55	57
Alledgedly Sexually Abused	-	31	29	31	20	37	29
Hamilton County Critical Issues	**1995 HM**	**1996 HM**	**1997 HM**	**1998 HM**	**1999 HM**	**2000 HM**	**2001 HM**
Total cases reviewed	48	48	48	48	47	48	47
Status	73	81	79	75	76	72	85
System	50	35	39	40	28	42	38
Appropriate for Custody	96	94	98	96	98	98	98
Custody too Long	26	22	21	12	13	12	34
Incarceration of Parents	27	54	50	48	55	54	66
Parents with Substance Abuse Issues	50	46	58	67	49	65	77
Children with Substance Abuse Issues	-	23	25	27	27	23	23
Experienced Domestic Violence in the Home	21	19	23	15	21	33	38
Little/No Relationship With Father	38	58	69	67	72	75	79
Alledgedly Sexually Abused	27	33	13	29	21	25	32

A dash (-) signifies that no data was collected.

Knox County Critical Issues	**1995 KN**	**1996 KN**	**1997 KN**	**1998 KN**	**1999 KN**	**2000 KN**	**2001 KN**
Total cases reviewed	48	48	47	48	47	47	47
Status	87	87	89	83	80	93	92
System	49	44	55	44	45	57	51
Appropriate for Custody	94	94	91	92	98	100	96
Custody too Long	18	33	21	21	26	13	17
Incarceration of Parents	48	40	62	67	64	62	64
Parents with Substance Abuse Issues	63	58	70	79	70	62	45
Children with Substance Abuse Issues	-	29	23	25	19	23	30
Experienced Domestic Violence in the Home	35	33	32	42	53	47	47
Little/No Relationship With Father	-	65	68	54	74	66	79
Alledgedly Sexually Abused	19	31	32	31	34	40	40
Mid-Cumberland Critical Issues	**1995 MC**	**1996 MC**	**1997 MC**	**1998 MC**	**1999 MC**	**2000 MC**	**2001 MC**
Total cases reviewed	94	49	49	49	49	49	49
Status	80	78	77	80	79	84	79
System	39	53	41	43	43	47	46
Appropriate for Custody	74	88	82	86	96	92	92
Custody too Long	21	18	39	35	24	26	29
Incarceration of Parents	48	43	57	51	42	63	59
Parents with Substance Abuse Issues	-	57	59	59	63	67	57
Children with Substance Abuse Issues	-	39	22	31	29	37	37
Experienced Domestic Violence in the Home	-	29	31	43	39	18	33
Little/No Relationship With Father	-	61	63	61	57	53	63
Alledgedly Sexually Abused	35	39	35	31	27	20	35
Northeast Critical Issues	**1995 NE**	**1996 NE**	**1997 NE**	**1998 NE**	**1999 NE**	**2000 NE**	**2001 NE**
Total cases reviewed	48	48	49	48	48	48	48
Status	73	75	78	81	87	87	81
System	50	46	63	35	56	52	52
Appropriate for Custody	83	88	90	92	96	98	96
Custody too Long	20	12	18	42	31	19	23
Incarceration of Parents	54	44	61	62	64	58	65
Parents with Substance Abuse Issues	63	38	67	67	67	58	63
Children with Substance Abuse Issues	-	21	37	25	23	35	35
Experienced Domestic Violence in the Home	29	10	29	21	31	56	44
Little/No Relationship With Father	-	60	57	52	54	65	71
Alledgedly Sexually Abused	-	38	27	19	33	23	35

A dash (-) signifies that no data was collected.

Northwest Critical Issues	1995 NW	1996 NW	1997 NW	1998 NW	1999 NW	2000 NW	2001 NW
Total cases reviewed	45	46	45	45	45	45	44
Status	80	85	91	84	93	91	80
System	51	59	69	36	51	48	36
Appropriate for Custody	87	98	96	96	100	100	93
Custody too Long	23	10	18	20	24	11	16
Incarceration of Parents	27	48	53	64	62	47	68
Parents with Substance Abuse Issues	63	63	49	76	58	62	70
Children with Substance Abuse Issues	-	35	36	33	31	56	34
Experienced Domestic Violence in the Home	29	33	27	27	29	29	36
Little/No Relationship With Father	-	67	62	60	64	62	57
Alledgedly Sexually Abused	-	22	22	24	11	20	23

South Central Critical Issues	1995 SC	1996 SC	1997 SC	1998 SC	1999 SC	2000 SC	2001 SC
Total cases reviewed	47	48	48	48	48	48	47
Status	77	69	83	87	91	81	85
System	38	40	44	29	29	35	36
Appropriate for Custody	85	94	96	94	92	83	96
Custody too Long	15	15	23	29	23	29	25
Incarceration of Parents	47	52	60	48	66	69	51
Parents with Substance Abuse Issues	45	63	46	63	58	63	53
Children with Substance Abuse Issues	-	15	19	33	29	35	30
Experienced Domestic Violence in the Home	30	38	29	29	29	35	34
Little/No Relationship With Father	-	42	54	71	60	54	60
Alledgedly Sexually Abused	45	38	33	35	31	27	51

Southeast Critical Issues	1995 SE	1996 SE	1997 SE	1998 SE	1999 SE	2000 SE	2001 SE
Total cases reviewed	48	48	47	47	47	47	47
Status	73	81	79	74	89	82	85
System	40	31	43	32	38	49	38
Appropriate for Custody	75	92	85	96	96	94	94
Custody too Long	25	27	25	34	19	28	30
Incarceration of Parents	31	58	47	65	68	61	55
Parents with Substance Abuse Issues	52	52	68	62	68	66	55
Children with Substance Abuse Issues	-	19	17	9	21	30	34
Experienced Domestic Violence in the Home	-	23	45	30	36	40	36
Little/No Relationship With Father	-	56	64	60	60	64	51
Alledgedly Sexually Abused	-	31	32	40	30	23	19

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Shelby County Critical Issues	1995 SH	1996 SH	1997 SH	1998 SH	1999 SH	2000 SH	2001 SH
Total cases reviewed	59	57	59	60	59	56	58
Status	85	86	92	81	94	82	82
System	42	44	49	32	48	39	28
Appropriate for Custody	95	100	98	98	98	95	95
Custody too Long	45	35	37	40	39	45	45
Incarceration of Parents	41	61	47	50	45	56	62
Parents with Substance Abuse Issues	71	67	78	60	63	68	59
Children with Substance Abuse Issues	-	4	12	5	10	7	9
Experienced Domestic Violence in the Home	-	14	20	20	14	20	10
Little or No Relationship With Father	-	49	76	67	64	79	74
Alledgedly Sexually Abused	22	30	14	25	25	16	22

Southwest Critical Issues	1995 SW	1996 SW	1997 SW	1998 SW	1999 SW	2000 SW	2001 SW
Total cases reviewed	48	49	49	49	48	48	48
Status	75	82	84	73	83	81	81
System	33	45	47	24	25	21	31
Appropriate for Custody	79	90	84	92	98	90	96
Custody too Long	29	25	25	26	42	42	29
Incarceration of Parents	40	57	43	45	51	59	57
Parents with Substance Abuse Issues	44	43	51	57	67	69	52
Children with Substance Abuse Issues	-	20	29	29	23	10	35
Experienced Domestic Violence in the Home	21	14	29	27	21	23	27
Little or No Relationship With Father	-	61	67	61	75	75	71
Alledgedly Sexually Abused	25	22	22	10	27	21	27

Upper Cumberland Critical Issues	1995 UC	1996 UC	1997 UC	1998 UC	1999 UC	2000 UC	2001 UC
Total cases reviewed	47	47	47	47	47	47	47
Status	79	79	81	77	89	87	81
System	36	47	62	30	60	38	36
Appropriate for Custody	87	96	94	94	98	94	96
Custody too Long	24	28	15	21	28	34	13
Incarceration of Parents	53	38	55	72	58	60	70
Parents with Substance Abuse Issues	58	55	57	70	62	66	77
Children with Substance Abuse Issues	-	23	32	30	30	30	19
Experienced Domestic Violence in the Home	39	32	34	32	38	45	47
Little or No Relationship With Father	-	53	53	43	51	51	64
Alledgedly Sexually Abused	45	34	38	32	40	34	30

A dash (-) signifies that no data was collected.

Appendix G

Summative Questions for Determining Adequacy

Questions Concerning the Status of the Child

Questions Concerning System Performance

Questions Concerning the Status of the Child

Presented below are the commonsense questions used in the protocol to determine the current status of the child receiving supports and services.

1. ***Safety**: Is the child living in this setting in imminent danger of harm? Is the child's physical living condition hazardous or apt to cause serious harm? Is the child living in this setting in danger of harm from him/herself? Is the child fearful of people living in or frequenting the home? Can the child's whereabouts be ascertained and/or is there reason to believe that the family is about to flee or refuse access to the child? Is child sexual abuse suspected and do circumstances suggest that the child's safety may be an immediate concern? Is the behavior of adult(s) in child's placement violent or out of control? Does the adult(s) in child's placement describe or act predominantly negatively toward child or have extremely unrealistic expectations? Has the caregiver caused, or made a plausible threat that has or would result in serious physical harm to the child? The adult(s) in child's placement has not/can not/will not provide sufficient supervision to protect the child from potentially serious harm? Adult(s) in child's placement has not or is unable to meet the child's immediate needs for food, clothing, shelter, and/or medical care? Adult(s) in child's placement has previously abused or maltreated a child, and the severity of the abuse or maltreatment, or the caregiver's prior response to the incident, suggests that child's safety may be an immediate concern? Drug or alcohol use of adult(s) in child's placement seriously affects his/her ability to supervise, protect, or care for the child? Is the community safe, given the setting in which the child is living? Are appropriate, sufficient services being provided to reduce/eliminate harm? Is the child safe from harm? With the current level of supervision, is the child likely to harm him/herself or others?

2. ***Emotional Well-Being**: Does the child's behavior(s) indicate emotional problems? Does the child have a Diagnostic and Statistical Manual (DSM) diagnosis? Does the child take medication for emotional or behavioral problems? Does the caregiver understand and respond appropriately to the child's emotional needs? Are necessary and adequate services being provided to meet emotional needs? Do the child's daily activities and relationships provide stimulation, emotional support, and fun? Is the child receiving treatment that is of the intensity and scope necessary to facilitate the child's participation in school, family, and social activities? Are the child's social/emotional needs being adequately and appropriately addressed?

3. ***Physical Well-Being**: Are the child's basic needs for food, shelter, and clothing being met? Are the child's primary health care needs being met? Are the child's chronic health care needs being met? Are necessary and adequate health care services being provided to keep the family intact or contribute to the permanent goal? Are the child's primary physical/medical needs being adequately and appropriately addressed?

4. ***Caregiver Functioning**: Current Caregiver: Who is the child's current primary caregiver? Is the current caregiver a victim of domestic violence? Is the current caregiver an alleged perpetrator of domestic violence? Is the current caregiver alleged to have substance abuse issues? Can the current caregiver perform the necessary parenting functions adequately to ensure child safety and well-being? Does the caregiver have adequate physical and mental capacities to care for child? Is the caregiver understanding and responsive to the child's needs? Can the caregiver meet extraordinary demands? Are necessary supportive services being provided? Can the primary caregiver perform the necessary parenting functions, care and/or treatment services adequately and consistently for the child? For congregate living facilities: Are living conditions safe? Are appropriate treatment services being provided for the child? Is the child receiving adequate services in accordance with program treatment plan? Does the program treatment plan adequately interface with the Permanency Plan? Are specific supportive services clearly identified to facilitate the child's discharge? Is there a person identified who is responsible for and acting as the single point of accountability for the child's care? Is the facility providing services of appropriate focus, scope, and intensity to meet the child's identified needs? Does the child need a less restrictive living situation? Does the child need a more restrictive living situation?

5. **Stability**: Does the child have a history of unstable living arrangements? Are probable causes for a disruption of current living arrangement present? Are appropriate services being provided to reduce the probability of disruption? Has the child's stability improved since custody? Is the child's current living arrangement likely to be disrupted in the foreseeable future?

6. **Permanent Goal**: Has a permanent goal been identified in the Permanency Plan? If "no," are necessary steps being taken to identify a permanent goal? By consensus? Is the child in a permanent placement? If "no," have the goals and timelines been established to achieve the permanent placement? Is the child in a permanent placement or are reasonable efforts being made to obtain a permanent placement?

7. **Appropriateness of Placement and Residential Goal**: Is the restrictiveness of the placement appropriate for the child? If "no," does child need a less restrictive or more restrictive placement to receive needed services? Is the child in the appropriate setting to meet his/her needs? If "no," where should this child be living? What needs to be done to get the child to where he/she should be living? Is there a projected timeline established in the Permanency Plan for discharge to a family-like setting/permanent placement? Is there concern that the child is experiencing "lost time"? Is this the least restrictive, most appropriate placement in which the child can receive needed services?

8. **Educational/Vocational Progress**: If, age appropriate, is the child enrolled in school/vocational training? Is the child currently in appropriate educational

placement? Does the child have a pattern of regular attendance? Is the child performing on grade level? Does the child have special needs that are not being met in the current educational placement? Is the case manager participating in securing educational services for child in care? Is there a plan for attaining education goals? Is the child making academic/vocational progress? Is the child making progress in school/vocational training?

9. **Family Unity Support (Family of Origin)**: If child lives at home, are necessary, appropriate, and adequate services being provided to keep the family intact? If the family is in danger of disruption, is the family receiving services necessary to preserve the family unit? If the child is not living with the family, is the child's family receiving services necessary to reunify? If the family cannot reunify now, is contact with the child being maintained via visits and other means? Is the family participating in planning and decision making necessary to facilitate or to maintain reunification? Is the family receiving the supports necessary to reside together or to reunify if living apart?

10. **Independent Living (for children 13 years and older)**: Are independent living skills addressed in the Permanency Plan? Is the plan being implemented? If not addressed in the Permanency Plan, are independent living skills being otherwise provided? Is the child currently getting what he/she needs to grow up to be a working, functional adult? Are necessary, appropriate services and supports being provided to help the child achieve independent living?

11. **Child Satisfaction**: Does the child understand what supports and services he/she will receive? In the opinion of the child, are the services he/she is receiving helpful or beneficial? Is the child currently receiving the planned services? If appropriate, are services provided responsive to the preferences and convenience of the child? Is the child satisfied with his/her services and the responsiveness of the system?

12. **Family Satisfaction**: Does the family understand what supports and services they will receive? In the opinion of the family, are the services they are receiving helpful? Are they currently receiving the planned services? If appropriate, are the services provided responsive to the preferences and convenience of the family? Is the family satisfied with their services and the responsiveness of the system?

Questions Concerning System Performance

Presented below are the questions used in the protocol to determine the performance of essential system functions. These questions focus on service system procedures.

1. ***Assessment of Needs**: Scope and Functionality of Assessments: Are the child's strengths identified? Are the family's strengths identified? Are risks to the child identified? Are risks to the community identified? Do assessments reflect the

input and perspective of the child, parent, legal guardian, relatives, as applicable? Are there gaps in information or problems that indicate the need for further assessment? Is the assessment information consistent with the reviewer's understanding of what the child's and family's needs are? Are all current, obvious, and substantial needs of the child and family identified and analyzed through existing assessments?

2. ***Long Term View**: Is there an explicit strategy that should enable the child/family to live safely without state supervision? If "no" is there an implicit understanding of what will be necessary to enable the child/family to live safely without state supervision? Does the child/family have critical needs in order to live safely, without state supervision, that are not being met, such as housing, social supports, parenting functioning/capacity, child's needs? If the child cannot return to his/her family, is there an explicit strategy that identifies where and when the child will live in a permanent family or prepare for independent living? Is there an explicit strategy that identifies where and when the child will live with a family or independently, and organizes/coordinates efforts that are made to achieve that goal?

3. ***Child Participation**: If age appropriate, was the child involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the child's schedule and transportation resources in planning staffings and visits? Has the child been involved in changes in treatment/placement? Does the child understand what he/she has to do to be returned home or achieve the permanent goal? Is the child actively involved in the planning and implementation of services as well as participating in decisions made about his/her future?

4. ***Family Participation**: Was the family involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the family's schedule in planning staffings and visits? Did the system exhibit sensitivity to the family's transportation needs in planning staffings and visits? Were repeated and substantial efforts made to engage the family and solicit participation? Has the family been involved in changes in treatment/placement? Does the family understand what they have to do for the child to be returned home? Did the system make substantial efforts to keep the family actively involved in the planning and implementation of services, as well as participating in decisions made about the child's future, or were substantial efforts made to involve family?

5. ***Service Plan Design**: Is there a written Permanency Plan? Does the Permanency Plan address reasons the child came into custody? Does the plan address all needs identified in the assessment for the child and family? Are there needs that must be addressed in order to achieve safety with independence from state supervision and does the plan address them adequately? Does the Permanency Plan adequately reflect current services and strategies? Is there a specific time or date that the Permanency Plan is to be updated? Are the proposed interventions and supports appropriate to the situation/person's capabilities? Is there evidence to indicate that

service planning is limited by what is available rather than what is appropriate for the child and family? If the plan goals were met, would the child/family be able to function safely and be independent of state supervision? Do the plan's goals correspond with the long term view for the child? If the plan's goals were met would the child be or continue to be living in a permanent placement? Are all needs identified through the assessment process being addressed for the child and family? Were additional needs of the child and family identified through this process that should be addressed for the child and family? Are their needs inadequately addressed due to lack of sensitivity in services, and are these needs cultural or a result of client characteristics? Has the plan been revised to reflect progress or lack of progress of the child or the family in meeting plan goals? Does the plan include specific objectives to obtain the permanent goal? Does the plan include specific services to be provided to enable the child to return home, or achieve the permanent goal? Is the plan individualized and are there specific timetables for the services to be provided? Does the plan address visitation with parents or other family members, identification of who is responsible for the provision of services, and child support? Is the Permanency Plan relevant to the issues and coherent in the selection and assembly of strategies, supports, services, and timelines established for the child and family?

6. ***Service Plan Implementation**: Have the essential services and activities identified in the plan been provided in a timely manner for the child/family? Have the essential services and activities identified in the plan been provided consistently for the child/family? Have the essential services and activities identified in the plan been provided at the appropriate level of intensity for the child/family? Have the essential services and activities identified in the plan been provided by qualified providers for the child/family? Are the strategies and services that are being implemented meeting the needs of the child and family? Is there an appropriate match between the child and the service provider with respect to language, culture, and other relevant characteristics? Are appropriate services and supports specified in the plan being implemented in a timely and consistent manner by qualified providers for the child/family?

7. ***Service Coordination**: Is there a single point of coordination and accountability for the service plan and those involved in its implementation? Is there integration of services and continuity of effort in the service delivery? Is there a mechanism for identifying emerging problems and developing an appropriate response and adjustments in the plan? Is there adequate communication so all relevant persons involved know the current status of the case? Is there continuity and coordination in the provision of services to the child/family?

8. ***Monitoring and Change**: Is the status of the child routinely monitored? Is the status of the family routinely monitored? Are changes in the status of the child documented? Are changes in the status of the family documented? Are known risk factors being monitored? Is progress/lack of progress toward achieving goals/objectives being monitored? Is the plan revised to reflect changing needs

and circumstances when objectives have been achieved, when services change, when strategies are unsuccessful, or when emergent problems arise? Are all entities carrying out their monitoring responsibilities adequately, including the DCS Home County Case Manager, the DCS/Contract Residential Case Manager (if applicable), the placement, and the service provider? Is the status of the child/family routinely monitored and evaluated, and are changes made as necessary to respond to needs?

9. **Legal Advocacy**: Has the child had legal representation? Has the child's family had legal representation? Does the child/family appear to understand the state system and appeal rights? Does the child/family appear to understand the implications as well as legal rights regarding state custody?

10. **Early Child and Family Intervention**: Were early signs of family problems identified? When early signs were identified, were services appropriate in scope and intensity offered to address them in a timely manner? Were needs for the home/community-based services identified? Were family preservation or other in-home or community-based services provided to prevent removal? Were home/community services provided before resorting to out-of-home placement? Were relative/friend options exhausted before resorting to out-of-home placement? Did the system intervene at the earliest opportunity with family support services of sufficient scope and intensity to keep the child and family together?

11. **Home/Community Resources**: Has the need for home/community based resources been identified? Have all obvious and substantial needs been matched with appropriate community services/service providers? Are home/community services and supports readily and consistently available when needed by the child or by the family? Are home/community based services and supports culturally appropriate for the child and for the family? Are parents/relatives/friends receiving the supports and assistance necessary for them to perform essential parenting functions? Is the array of available home and community services adequate in variety, intensity, continuity, and cultural compatibility to maintain the family intact or contribute to the permanent goal?

12. **Placement Resources**: For children who cannot remain in their home, is there an adequate array of family placements (relative, foster care, therapeutic foster care) to meet their needs? Are these placements available, within the county, or the Community Service Agency (CSA) region, or within the grand region or within the assigned placement not in county/CSA region? Are family placements receiving the necessary supports and assistance? For children who cannot function in a family environment, is there a sufficient array of residential placements to meet the needs in the least restrictive environment possible? Are these placements available within the county, within the CSA region, within the Grand region or within the assigned placement not in county/CSA region? Is the array of

placement resources adequate to provide appropriate out-of-home placements in a timely manner in the least restrictive environment?

13. **Supportive Intervention Services to Achieve Permanent Goal**: Are necessary services identified to keep the child with his/her family or move the child to a permanent goal/placement? Have the essential services and supports necessary to keep the child with his/her family or move the child to a permanent goal/placement been provided in a timely manner, consistently, at the appropriate level of intensity, and by qualified providers? Are the services necessary to keep the child home or move the child to a permanent placement being implemented in a timely manner?

14. **Urgency Response**: Can the system recognize emerging problems, as well as identify resources needed to stabilize them? Are the resources needed to stabilize or resolve emerging problems available in a timely manner, consistently, at the appropriate level of intensity, and by qualified providers? Does the system appear adequate to stabilize or address emerging problems of an urgent nature?

15. **Progress Achieved by Child**: Did the system provide the child with repeated and substantial opportunities to improve/meet goals? Is the child improving or making progress? Based on all information collected in the review process, has progress or improvement as measured in outcomes/benefits for the child been achieved?

16. **Progress Achieved by Family**: Did the system provide the family with repeated and substantial opportunities to improve/meet goals? Is the family improving or making progress? Based on all information collected in the case review process for any family whose child has been in state custody for 30 days or longer, has progress or improvement as measured in outcomes/benefits for the family been achieved?

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